CHINA.

IMPERIAL MARITIME CUSTOMS.

II.—SPECIAL SERIES: No. 2.

MEDICAL REPORTS,

FOR THE HALF-YEAR ENDED 31ST MARCH 1886.

31st Issue.

PUBLISHED BY ORDER OF

The Inspector General of Customs

SHANGHAI:
PUBLISHED AT THE STATISTICAL DEPARTMENT OF THE INSPECTORATE GENERAL OF CUSTOMS.
AND SOLD BY
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National Oceanic and Atmospheric Administration

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INSPECTOR GENERAL'S CIRCULAR No. 19 OF 1870.

INSPECTORATE GENERAL OF CUSTOMS,

PEKING, 31*st December* 1870.

SIR,

1.—IT has been suggested to me that it would be well to take advantage of the circumstances in which the Customs Establishment is placed, to procure information with regard to disease amongst foreigners and natives in China; and I have, in consequence, come to the resolution of publishing half-yearly in collected form all that may be obtainable. If carried out to the extent hoped for, the scheme may prove highly useful to the medical profession both in China and at home, and to the public generally. I therefore look with confidence to the co-operation of the Customs Medical Officer at your port, and rely on his assisting me in this matter by framing a half-yearly report containing the result of his observations at.....upon the local peculiarities of disease, and upon diseases rarely or never encountered out of China. The facts brought forward and the opinions expressed will be arranged and published either with or without the name of the physician responsible for them, just as he may desire.

2.—The suggestions of the Customs Medical Officers at the various ports as to the points which it would be well to have especially elucidated, will be of great value in the framing of a form which will save trouble to those members of the medical profession, whether connected with the Customs or not, who will join in carrying out the plan proposed. Meanwhile I would particularly invite attention to—

a.—The general health of.....during the period reported on; the death rate amongst foreigners; and, as far as possible, a classification of the causes of death.

b.—Diseases prevalent at.....

c.—General type of disease; peculiarities and complications encountered; special treatment demanded.

d.—Relation of disease to { Season. / Alteration in local conditions—such as drainage, etc. / Alteration in climatic conditions. }

e.—Peculiar diseases; especially leprosy.

f.—Epidemics { Absence or presence. / Causes. / Course and treatment. / Fatality. }

Other points, of a general or special kind, will naturally suggest themselves to medical men; what I have above called attention to will serve to fix the general scope of the undertaking. I have committed to Dr. ALEX. JAMIESON, of Shanghai, the charge of arranging the Reports for publication, so that they may be made available in a convenient form.

3.—Considering the number of places at which the Customs Inspectorate has established offices, the thousands of miles north and south and east and west over which these offices are scattered, the varieties of climate, and the peculiar conditions to which, under such different circumstances, life and health are subjected, I believe the Inspectorate, aided by its Medical Officers, can do good service in the general interest in the direction indicated; and, as already stated, I rely with confidence on the support and assistance of the Medical Officer at each port in the furtherance and perfecting of this scheme. You will hand a copy of this Circular to Dr. ....., and request him, in my name, to hand to you in future, for transmission to myself, half-yearly Reports of the kind required, for the half-years ending 31st March and 30th September—that is, for the Winter and Summer seasons.

4.— * * * * *

I am, etc.,

(Signed) ROBERT HART,
I. G.

THE COMMISSIONERS OF CUSTOMS,—*Newchwang*, *Tientsin*, *Chefoo*, *Hankow*, *Kiukiang*, *Chinkiang*, *Shanghai*, *Ningpo*, *Foochow*, *Tamsui*, *Takow*, *Amoy*, *Swatow*, and *Canton*.

SHANGHAI, *30th June 1886.*

SIR,

IN accordance with the directions of your Despatch No. 6 *A* (Returns Series) of the 24th June 1871, I now forward to the Statistical Department of the Inspectorate General of Customs, the following documents:—

Report on the Health of Shanghai, pp. 11–14;

Report on the Health of Hoihow (Kiungchow), pp. 18–22;

Report on the Health of Pakhoi, p. 29; each of these referring to the half-year ended 31st March 1886.

Report on the Health of Newchwang for the two years ended 31st March 1886, pp. 1–6.

Report on the Health of Chinkiang up to 31st March 1886, pp. 7–10.

Report on the Health of Canton, pp. 15–17;

Report on the Health of Kiukiang, pp. 30–34; each of these referring to the year ended 31st March 1886.

Report on the Health of Wuhu from 1st October 1880 to 31st March 1886, pp. 23–28.

An Appendix of Plates (with brief descriptive letterpress) illustrative of some diseases and deformities encountered among Chinese received into foreign hospitals in Shanghai, p. 35.

I have the honour to be,

SIR,

Your obedient Servant,

R. ALEX. JAMIESON.

THE INSPECTOR GENERAL OF CUSTOMS,
PEKING.

The Contributors to this Volume are:—

W. MORRISON, M.B., CH.M. ..... Newchwang.

R. G. WHITE, M.R.C.S., L.S.A. ..... Chinkiang.

R. A. JAMIESON, M.A., M.D., M.R.C.S. ..... Shanghai.

J. F. WALES, B.A., M.D., CH.M. ..... Canton.

E. A. ALDRIDGE, L.K.&Q.C.P.I. ..... Hoihow (Kiungchow).

A. S. DEANE, L.K.&Q.C.P., L.R.C.S.I. ..... Wuhu.

J. H. LOWRY, L.R.C.P.Ed., L.R.C.S.Ed. ..... Pakhoi.

G. R. UNDERWOOD, M.B., CH.M. ..... Kiukiang.

For everything enclosed within square brackets [ ], the compiler is responsible.

DR. W. MORRISON'S REPORT ON THE HEALTH OF NEWCHWANG

For the Two Years ended 31st March 1886.

THE climatic conditions during the first of these years call for no special notice, although during its course epidemics were of rather frequent occurrence.

Towards the end of April 1884 three cases of typhus fever occurred within the Roman Catholic Mission establishments in the persons of one priest and two sisters, resulting in one death and two recoveries. At a branch of the same mission 25 miles inland, one death from typhus fever occurred at the same time. It has before been pointed out that the inmates of these establishments, from their life habits and frequent intercourse with the native population, are peculiarly liable to this disease.

With our present imperfect knowledge it seems rather unsatisfactory to attribute the origin of typhus to the Chinese, but I believe that increased facilities for observation will confirm that opinion. The query is sometimes made, How should a district so favourably situated as ours undoubtedly is as to climate be exposed to the visits of typhus? It is well to remember that a moderate temperature is one of the conditions of its existence, while, unfortunately, overcrowding, squalor and destitution are but too common among our Chinese fellow-townsmen. It is not without interest in this connexion that the period in which it generally visits us is the latter part of spring, when sudden changes of temperature and boisterous winds prevail, and the physical energies have been somewhat impaired by the length and severity of the winter.

During winter many of the poor among the Chinese suffer much from want of sufficient nourishment and protection, and a temperature at or below zero is not likely to diminish a natural aversion to soap and water.

In June 1884 a case of typhoid fever occurred within the British Consular building. The sanitary arrangements of this house were certainly not above suspicion. The necessity for periodic inspection of drains, attention to ventilation, and the various methods adopted for removal of excreta cannot be too strongly enforced.

The writer contracted the infection while in attendance on this case. Both diarrhœa and rash were absent.

The pyrexia was moderate during the first week, even appearing to subside, but on the 8th day severe symptoms set in, temperature ascending to 105° Fahr., and these symptoms continued till the crisis on the 13th and 14th days. The two cases resembled each other in these respects. In both instances good recoveries were made.

Cholera appeared in the native town in July. On this occasion it was not confined to the Chinese quarter. Two foreign residents were attacked, resulting in one death and one recovery.

In the case which ended fatally the patient, a male, aged 48, was just recovering from diarrhœa, and was in an exhausted condition. Collapse occurred about 9 hours after onset, and death about the 15th hour.

In the case which recovered, a male aged about 26, vomiting was relieved by bismuth and hydrocyanic acid, with ice to suck and hot poultices over abdomen.

Pills of lead and opium, aromatic chalk and opium, together with hypodermic morphia, and enemata of glycero-tannin were used to control the diarrhœa.

For cramps, friction, compound camphor liniment and brandy were used, and to the extremities, when cold, hot water cloths were applied.

About the middle of August 1884 scarlet fever appeared among the children of the Settlement, and cases continued to occur for two months afterwards. Altogether there were nine cases, resulting in two deaths and seven recoveries.

One fatal case was that of a girl, aged 6½ years. Severe symptoms were early manifested. There was partial delirium, great fretfulness, and unwillingness to receive either food or medicine. Death occurred on the 8th day of the fever.

The other fatal case was that of a boy, aged 3 years. On the second day he had a fainting fit, with temperature of 105° Fahr.

Pulmonary complications hastened the fatal issue, which took place on the 4th day.

No troublesome sequelæ have been observed among those who recovered. Scarlet fever was reported from Moukden as existing there at the same time among Chinese children.

During the year ended March 1886 the health of the community has continued good, and, with the exception of measles and mumps in mild forms, we have enjoyed an immunity from epidemics.

In August 1885 rain fell very heavily for two days. Much of the surrounding country was flooded, and considerable damage done to the crops. This resulted in a scarcity of food during the winter among the native population, especially in the villages adjacent to the port. Both foreigners and Chinese manifested their sympathy by contributing to relieve the distressed.

During the two years under review 14 births were recorded, and during the same period there were 8 deaths, as follows:—

Typhus fever	1
Scarlet fever	2
Puerperal fever	1
Aneurism	1
Cholera	1
Suicide	1
Acute alcoholism	1
TOTAL	8

The last two cases on this list took place on board ship in harbour, and one of the children that fell victims to scarlet fever was only visiting the port.

Cases of Typhus Fever.—The charts annexed will show the general course of these cases. 1 and 2 were those of well-developed and previously healthy persons. These two I judged fit for treatment by cold baths, and while the merits of this method of treatment are being warmly discussed, these data may be of some interest. In both the patients enjoyed rather than shrank from the treatment. The results were very satisfactory.

CASE NO. 1. MALE, AGED 24.

Day of Fever	4	5	6	7	8	9	10	11	12	13
	M. E.	M. E.	M. E.	M. E.	M. E.	M. E.	M. E.	M. E.	M. E.	M. E.
Pulse M.	...	114	114	126	126	124	123	118	108	105
Pulse E.	108	117	126	108	124	132	124	117	102	102
Respn. E.	27	27	21	24	24	24	29	26	24	30

Number of baths daily, 3; average duration, 13 minutes; average temperature, 60° Fahr.

CASE NO. 2. FEMALE, AGED 29.

Day of Fever	4	5	6	7	8	9	10	11	12	13	14
	M. E.	M. E.	M. E.	M. E.	M. E.	M. E.	M. E.	M. E.	M. E.	M. E.	M. E.
Pulse M.	96	99	98	99	112	111	116	108	102	102	104
Pulse E.	96	114	112	110	117	114	114	112	123	100	84
Respn. E.	45	50	24	48	54	40	36	34	34	32	24

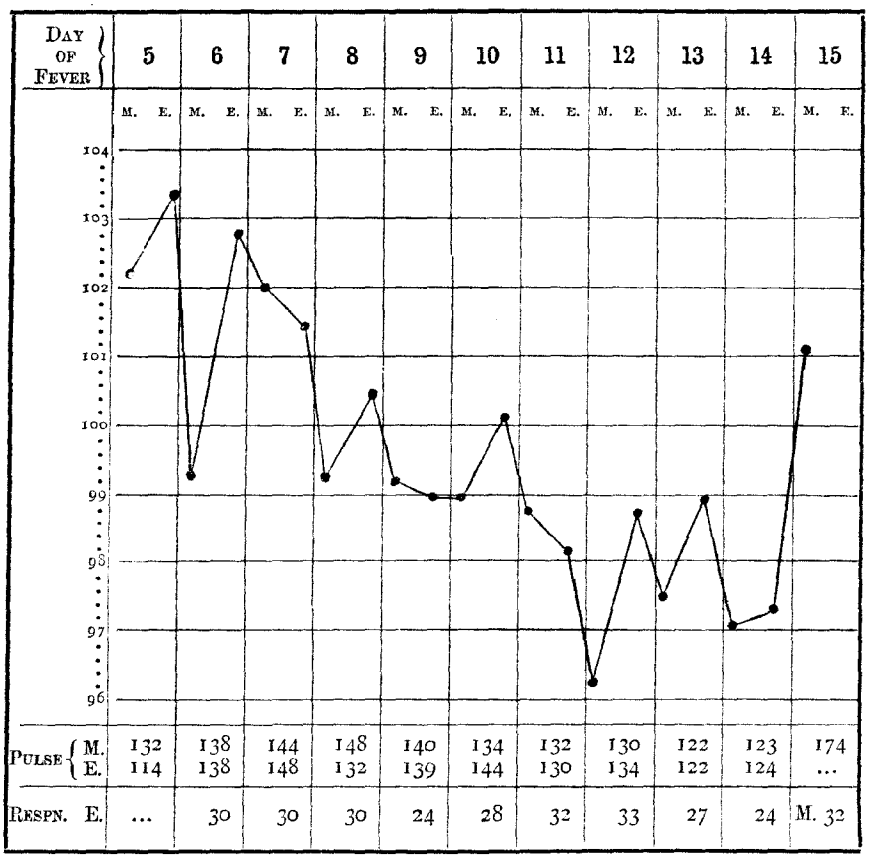
Number of baths daily, 3; average duration, 10 minutes; average temperature, 60° Fahr.

The dotted line in these two charts represents the remissions of temperature procured at the hour when the bath was administered, which, it will be observed, varied considerably, although duration and temperature were the same.

Case 3 occurred in a person of feeble constitution. It was from the first eminently adynamic; and as temperature was not a prominent factor, treatment by cold baths was not adopted. Sore throat of

an aggravated nature—a somewhat unusual complication in typhus—tended to hasten death, which took place on the 15th day.

CASE NO. 3. FEMALE, AGED 34.



PULSE	M.	132	138	144	148	140	134	132	130	122	123	174
	E.	114	138	148	132	139	144	130	134	122	124	...
RESPN.	E.	...	30	30	30	24	28	32	33	27	24	M. 32

Aneurism of Ascending Aorta; Rupture into Pulmonary Artery; Death.—A. B., aged about 40, had been enjoying good health; only once, cursorily—about 18 months previous to his death,—expressed a suspicion of having heart disease.

During winter complained one evening of uneasiness and oppression over the chest, and lay down to rest. Death took place within half an hour after first experience of uneasiness, and before medical aid could be given.

Notes of Autopsy.—Body well nourished; abundant subcutaneous adipose tissue; right pleural cavity contained several ounces of reddish serum; volume of right lung abnormally large; hypostatic congestion present; abundance of frothy serum in air cells; crepitation rather less than normal; left lung small, contracted, and adherent to chest wall—removed with difficulty,—dense, apparently from compression; heart encumbered with fat and much enlarged by hypertrophy and dilatation. Sacculated aneurism found springing from right side of ascending aorta, and communicating by a small aperture—admitting a probe—with a sinus of Valsalva of the pulmonary artery. Aneurism contained old laminated clot; laminæ arranged in concentric layers; aneurism firmly adherent by anterior surface to the pericardium. The trachea contained a large quantity of frothy serum.

Artillery Accident; Discharge of Gun while re-loading.—SOON YUEN, Chinese artilleryman, aged 26, was engaged at gun practice. A charge went off while he was in the act of re-loading gun, owing to imperfect sponging out.

The stooping attitude of the soldier—grasping the ramrod with both hands—would account for the nature of the wounds. The three external fingers of left hand were shattered, and there were one or two wounds on ulnar aspect of left fore-arm.

The muscular mass, consisting mainly of flexors of right fore-arm, was blown away. The face—between orifices of nostrils and supra-orbital ridges—was much mangled, so much so that the exact position occupied by the eyes could not be recognised. Face, neck, and arms were scorched and blackened, and fragments of wooden ramrod were impacted in wounds on face. The disfigurement was great and the outlook anything but hopeful, but as the officer in charge was anxious to give the wounded soldier the benefit of what surgical treatment could do for him, I decided to undertake the case.

The hut where the patient lay was 2 miles distant from my house. Through a maze of intricate streets and roads I had to return in the dark for instruments and assistance. The necessary appliances having been procured, and two friends having kindly consented to assist, we returned together to the hut. A door was unhinged and fitted up as an operating table, and various native dishes were appropriated for sponges, instruments, etc. At midnight, by the light of one foreign lamp and several candles, work was begun.

The right fore-arm was amputated about 2 inches below the elbow-joint. Influenced partly by the officer's request, I attempted to save the thumb and fore-finger of left hand by an oblique amputation carried upwards and outwards through the three external metacarpals. Four days afterwards this hand became gangrenous, and I was obliged to amputate through middle of left upper-arm.

I was successful in saving one eye only; the other was lost chiefly on account of the lacerated condition of the eyelids and adjacent tissues. A subsequent erysipelatous attack in left fore-arm tended to retard recovery, which took place about three weeks after the second operation.

Previous temperate habits and a cheerful disposition aided much in sustaining the vital powers under the great strain to which they were exposed.

Foreign Body in Bladder; Lithotomy; Recovery.—CHAN KWAI, Chinese merchant, aged 26, was seen by me first in December 1883. He had been complaining for 18 months previously of symptoms resembling those of gravel, together with emissions. He had received treatment, with temporary relief, from various Chinese doctors, first by medicines and latterly by leaden bougies. The first bougie inserted remained five days in the urethra and came out of itself; the next used had passed into the bladder, where it had remained then about four months.

His symptoms were difficult micturition, pain at root of penis, with pus and occasionally blood in urine.

I passed a sound and could feel the bougie loose in the bladder. I offered to operate, but patient at first wanted a guarantee that he would recover, and ultimately promised to return after the weather became mild. I saw him next in June 1884, and ascertained that he had, by advertisement, been offering a large reward to any native doctor who would afford him relief. No one appeared to claim the reward. I then arranged to perform an operation.

On 29th September the operation of median lithotomy was performed, and the bougie, encrusted with urinary salts, was extracted. Withdrawing and re-insertion of drainage tube on 1st October, owing to a temporary obstruction, led to oozing from wound and hæmorrhage into bladder. An injection of a solution of perchloride of iron procured expulsion of blood clots, and arrested hæmorrhage. At 7 P.M. on same day patient passed urine by the urethra. On 9th October patient ceased to pass urine through the wound, and henceforth urine was passed only through the urethra.

If called again to perform this operation I think I should prefer the lateral to the median. In this case I found the space too limited, as, owing to the concretions attached to the bougie, there was considerable difficulty in getting it into the grasp of the forceps.

The accompanying woodcut represents the encrusted bougie in its present condition, but when first extracted the excrescences had sharp points, which have now got rounded off.

Leaden Bougie used in native practice.

Bougie after being lodged for 13 months in bladder.

I am indebted to Mr. Harbour Master E. STEVENS for kindly assisting me with the following table:—

YEAR AND MONTH.	BAROMETER.		NO. OF DAYS ON WHICH THE TEMPERATURE FELL BELOW					NO. OF DAYS ON WHICH THE TEMPERATURE ROSE ABOVE				No. of Days on which Rain fell for 2 Hours in 24.	No. of Days on which Snow fell for 2 Hours in 24.	No. of Days on which there were Dust-storms.	No. of Days on which high Winds lasted 2 Hours in the 24.
	Highest.	Lowest.	10°	20°	32°	42°	65°	70°	75°	80°	85°				
1884.	*Inches.*	*Inches.*													
January	30.54	29.94	24	7	...	...	...	...	...	...	...	...	5	1	3
February	30.69	30.03	17	10	2	...	...	...	...	...	...	...	4	1	2
March	30.61	29.92	1	6	23	1	...	...	...	...	...	...	4	1	4
April	30.48	29.75	...	...	4	13	3	1	...	...	...	2	1	1	6
May	30.20	29.64	...	...	...	2	11	6	2	...	...	7	1	...	7
June	30.12	29.52	...	...	...	...	1	5	14	8	1	8	...	...	2
July	30.12	29.38	...	...	...	...	...	1	12	13	4	11	...	...	...
August	30.15	29.54	...	...	...	...	1	4	13	13	...	8	...	...	2
September	30.32	29.88	...	...	...	...	11	4	11	3	...	4	...	...	...
October	30.53	29.88	...	...	3	14	6	...	...	...	...	4	2	...	2
November	30.52	29.91	...	5	18	4	...	...	...	...	...	2	1	...	...
December	30.67	30.00	24	6	...	...	...	...	...	...	...	...	1	3	...
1885.															
January	30.64	30.07	11	17	2	...	...	...	...	...	...	...	1	...	1
February	30.55	29.98	10	10	4	...	...	...	...	...	...	...	1	...	1
March	30.60	29.81	...	4	22	3	...	...	...	...	...	...	3	1	2
April	30.54	29.54	...	...	5	13	...	...	...	...	...	3	...	1	2
May	30.52	29.74	...	...	...	2	7	10	1	...	...	4	...	3	5
June	30.10	29.64	...	...	...	...	2	2	13	11	2	2	...	...	2
July	30.10	29.48	...	...	...	...	...	1	11	12	6	5	...	...	2
August	30.16	29.74	...	...	...	...	...	2	7	20	2	9	...	...	2
September	30.26	29.58	...	...	...	...	4	10	7	1	...	5	...	...	3
October	30.46	29.98	...	...	...	4	3	2	...	...	...	2	...	...	5
November	30.54	29.95	...	9	13	6	...	...	...	...	...	1	3	...	4
December	30.52	29.96	10	12	8	1	...	...	...	...	...	...	2	...	4
1886.															
January	30.54	29.76	26	2	3	...	...	...	...	...	...	...	7	1	4
February	30.29	29.40	20	6	1	1	...	...	...	...	...	...	3	2	3
March	30.24	29.36	...	2	26	3	...	...	...	...	...	...	2	...	3

DR. R. G. WHITE'S REPORT ON THE HEALTH OF CHINKIANG

Up to 31st March 1886.

DURING the last six months there has been no serious illness among the residents, chronic cases excepted, such as phthisis, etc. In the autumn, on the steamers visiting the port there were several cases of cholera; the disease, however, was not contracted here. Of these cases there was one fatal while in port—a native of Swatow, aged, I presume, about 40 years; when I saw him he was moribund.

A party of missionaries visited the port *en route* for Shanghai, Soochow, etc., by Grand Canal. They arrived on a Saturday and remained over Sunday outside the south gate in their boats, moored close to the mouth of a small canal opening from the city. On the Sunday morning the son of one of the missionaries, a lad of 8 or 9 years of age, complained of being ill. Nothing serious was apprehended until evening, when a medical lady missionary was summoned, but the lad died at 11 P.M. The child was just dead when the father was seized. I was summoned next morning at about 7.30. He was much exhausted with pain accompanied by cramps. Evacuations—the usual type—were passed involuntarily; the body was bathed in sweat, and the surface cold; pulse hardly perceptible. The patient was just conscious, and stimulants administered internally, with the application of heat and friction externally, only gave just perceptible improvement for a few minutes. A hypodermic of morphia relieved the cramps, but in spite of all efforts, at about noon death supervened.

The water of the canal had been used for cooking and drinking, but with the precaution of boiling and filtering, as I am informed. I made all inquiries as to the existence of the disease among the natives, but this autumn there have been few, if any, cases in the port, except those which came from other places. This was quite a contrast to the autumn of 1884, when cholera was very common not only here but in the country all round; many cases occurred also in the camp close by. If one takes into account the ponds of stagnant water in which the vegetables and rice consumed by the soldiers and people are washed, the wonder is that a single man, woman or child survives. At Yangchow in the autumn of 1884 the epidemic was very bad. I remember a native in answer to my inquiries as to the mortality said that "coffins could not be bought."

Since the close of the war great numbers of soldiers passed up the river. Among these there was much disease, and besides diarrhœa and dysentery there was, so far as I could learn, a large amount of cholera. One steamer was delayed here to send seven bodies ashore, making that number of deaths between Amoy and Chinkiang, and, if I may judge from a few steamers which I visited, the way the men were usually crowded together explains why the epidemic spread once it was introduced. In the hot weather the soldiers suffered very much. On some of the iron transports they were cooped up between decks like so many herrings. I visited one ship on board which there had been several cases of heat apoplexy. When in

the river it was impossible to keep the men below, so the deck and every possible spot were covered with soldiers to such an extent as not to leave walking room and to even cause apprehension lest from the great weight on deck the ship might capsize. Had any accident occurred of a serious nature, the loss of life would have been enormous.

During the period since my last Report was written, besides the usual cases of fever, diarrhœa, dysentery (which were not many or severe) and minor ailments, there were among foreigners two cases of small-pox.

One was of a very mild form; the other was confluent, and all through was most severe. The fatal termination occurred on the morning of the 6th day.

A case of typhus of severe nature ended well, and made a good recovery.

An unfortunate accident occurred with a charge of heavy shot which penetrated the ankle-joint and severely injured the vessels, nerves and soft parts, so as to render amputation necessary. The patient was conveyed to Shanghai and operated on by Dr. JAMIESON at the General Hospital, in my absence. It was only by careful dissection and patching that sufficient skin was obtained below the knee to render operation possible at the seat of election. An excellent stump, however, resulted, and with an artificial leg the patient walks with ease.

A case of pistol-shot wound occurred in which death must have been instantaneous.

A Customs officer was exposed to the sun in the morning. At about 3 P.M. he felt ill and sent for me. I was absent, attending a case in the city, until 5 P.M., when I found the officer in question in a state of coma, snoring loudly, and not to be roused. After half an hour's work, pouring iced water over his head, he recovered enough to complain of the treatment in very strong terms, and soon after he was able to swallow 10 grains of quinine. In two hours' time he had quite recovered his senses. Ice was kept on all night, and quinine repeated. By next morning, with the exception of headache and a certain amount of weakness natural from so severe a shock, the patient was doing well; headache continued for some days, and eventually a change to Japan was the means of removing this distressing symptom.

A case of sprained ankle occurred of an unusually severe nature. There was certainly no bone fractured; the leg was swollen up to the knee-joint and there was intense ecchymosis all over. The accident occurred by a slip and fall on a clay road. It was two months before the patient could walk, and even then but slowly. Eventually there has been complete recovery.

A serious case of croup was cut short by free use of a 10-grain solution of nitrate of silver to the fauces, and by administering an emetic the effect was almost instantaneous.

A far advanced case of phthisis was sent to Takow (Formosa), and reports concerning it are favourable. This is the second case sent down from here, and there is no doubt that the climate has been most beneficial to both.

In the autumn of 1883 diphtheria was prevalent among the natives, and in many cases was fatal. One case in the community proved also fatal—a Eurasian lad dying from it.

In 1884 a mechanic from Shanghai died from a combination of heat and too great a quantity of liquor of many kinds (brandy, gin, etc.) and of inferior quality. The man was already run down from chronic alcoholism; abdominal viscera inflamed and intensely engorged; liver about twice its normal size.

A troublesome case of chronic rheumatism was for the time being cured by a change to Japan. Iritis was one of the most troublesome points in the case. There already existed a posterior synechia to a small extent from a previous attack, but the constant use of atropine prevented any further adhesions.

One death occurred in the community in 1885,—a child, about 2 years old, from bronchitis.

During a period of heavy rain an officer from the Customs paid his usual visit to the lights on the river. On his return he complained of being unwell; his temperature ran up, the morning reading

being almost the same as the evening. On the 4th day the temperature was 105°.2 Fahr.; after this it rapidly fell, and in two days was normal. During the period of fever there was great prostration, a dusky flush on the face, stasis in ears and dependent parts, patient wandering in his mind; in fact, the case appeared like typhus, but, as already stated, the temperature returned to normal, and there was speedy recovery.

Among the natives it is very gratifying to notice the large numbers who are adopting vaccination. One may see notices posted in various places informing the public where they can have their children vaccinated. At the same time many who should know better still adhere to old custom. A month ago I saw the child of the club boy here with plugs in her nose. I asked the reason, and found she had that morning been inoculated. I need not add her residence on the club premises was of short duration. The boy was much surprised when I rated him soundly, and assured him that if he did not mind risks for his child he must not put us in a position to run the same. He has been years with foreigners.

Again and again I hear of deaths of women in childbed.

In a case of rupture of the uterus I was sent for just after the mishap. The mother was almost dead, and the friends would not allow me to do anything.

A few days ago some poor people came to me with a history of a girl 19 years old having been eight days in labour. They wanted medicine. I agreed to go and see the case if they would assure me the friends would allow me to attend to it. On my arrival at the door of the hut where the patient was, I was received by several females, who were profuse in their thanks, but they would not admit me. In about six hours after the woman died.

I was called one morning early and asked for medicine for a woman in labour and half delivered of a snake. I was told the head of the reptile was born, and more would come. Feelings between those of curiosity and charity prompted me to offer to visit the case. I was received with evident satisfaction by all the neighbours, who did not like the idea of the new production. In the reed hut to which I was conducted I saw my patient, a miserable woman, about 40 years of age, anæmic to a degree and in extreme pain. There was a profuse discharge of a most offensive fluid, and I found a large polypus had come down and was held at the orifice of the vagina, thus no doubt causing painful traction on the uterus. The woman was too weak to admit of removing the tumour then, so, having cleansed it and oiled it, I replaced it in the vagina, the pain during even this simple operation causing the woman to faint. On coming to she expressed intense relief. She said she would come to have the tumour removed, but has not since been seen.

Some six years ago I operated on a case of vesico-vaginal fistula, due to protracted labour, and violence on the part of the midwife in the delivery of a dead child. The fistula extended from the urethra backwards and upwards so as practically to make the vagina and bladder one cavity. The woman was in a miserable condition of health; the genitals and thighs were excoriated, and the smell was so bad that few people would remain in the room with her. She was instructed to accustom herself to lying on her face. At the first operation only a short portion of the edges could be drawn together, there had been such loss of tissue. A flexible catheter was introduced through the urethra and retained for two days. The woman did not get up for six days, when the sutures were removed, and union for a good inch had taken place. I operated five times; each time after union of the edges the parts became more relaxed. I believe there is still a minute orifice above, but the woman was so pleased with the success of the operations that she insisted on returning home, promising to return; but I have not seen her since. As a proof of the success of the operation so far as it went, some two years after last closure she sent me a present of several red eggs, an intimation that she had been confined, and, so far as I could learn, the freshly united tissue between the vagina and bladder was not damaged during this second parturition.

A woman came one day with a child of about 11 years of age, saying that it had some three months before swallowed an ordinary sized Chinese cash. No inconvenience had been experienced until lately, when the cash could be felt through the abdominal wall. On examination I could distinctly feel an object answering to the above description situated a little below the costal cartilage, about an inch to the right of the median line, almost subcutaneous. There was some tenderness on pressure, and the child complained that at times during respiration there was slight pain. How the cash reached this situation is the question. I advised the woman to let the child come as an in-door patient, but, unfortunately, notwithstanding all the assurances she gave that she would bring her, I have not seen her since.

Appended is a chart of the temperature, etc., for the last six months. I am indebted to Mr. Harbour Master POYNTER for supplying me with these particulars. The weather of the last six months has been exceptionally fine.

METEOROLOGICAL TABLE.

MONTH.	THERMOMETER (FAHR.).				BAROMETER.		RAIN.	
	Highest.	Lowest.	Average Highest.	Average Lowest.	Highest.	Lowest.	Fall.	No. of Days.
1885.	°	°	°	°	*Inches.*	*Inches.*	*Inches.*	
October	90	51	75	60	30.30	29.80	3.98	3
November	71	31	59	41	30.72	30.00	...	...
December	66	30	50	36	30.70	29.83	2.47	5
1886.								
January	53	20	45	31	30.65	29.95	0.24	1
February	57	20	39	32	30.75	30.14	...	...
March	71	33	50	44	30.54	29.80	2.76	10

DR. ALEXANDER JAMIESON'S REPORT ON THE HEALTH OF SHANGHAI

For the Half-year ended 31st March 1886.

ABSTRACT of METEOROLOGICAL OBSERVATIONS taken at the Observatory of the Jesuit Mission at Zikawei, for the Six Months ended 31st March 1886. Latitude, 31° 12′ 30″ N.; Longitude E. of Greenwich, 8h. 5m. 45s. *

DATE.	Barometer at 32° F.	Thermometer. Diurnal Mean Temperature in Shade.	Thermometer. Extreme Temperature in Shade.	Amount of Vapour in the Air per Cubic Foot.	Humidity, 0–100.	Ozone, 0–21.	Velocity of Wind per Hour.	Mean Direction of Wind.	Total Evaporation during Month.	Total Rainfall during Month.	REMARKS.
1885.	*Inch.*	°F.	°F.				*Miles.*		*Inch.*	*Inch.*	
Oct. Max...	30.296 (17)	71.8 (3)	81.7 (9)	.01528	98 (5)	11 (6)	11.9	N. 62° E.	3.760	1.268	Six rainy days. Thunderstorms on 5th and 25th.
Oct. Mean	30.086	64.2	...		76	7					
Oct. Min....	29.738 (5)	54.8 (23)	44.6 (26)		65 (25)	4 (27)					
Oct. Range	0.558	17.0	37.1		...	...					
Nov. Max...	30.655 (12)	65.7 (9)	75.2 (9)	.00852	98 (16)	12 (11)	13.8	N. 43° W.	3.332	0.733	Five rainy days. First snow on the 11th.
Nov. Mean	30.285	50.0	...		70	7					
Nov. Min....	29.887 (1)	38.3 (12)	27.7 (28)		44 (27)	3 (21)					
Nov. Range	0.768	27.4	27.5		...	...					
Dec. Max...	30.663 (30)	57.0 (2)	68.7 (2)	.00709	98 (22)	16 (22)	13.6	N. 27° W.	2.085	2.060	Nine rainy days. No snow during the month.
Dec. Mean	30.269	44.0	...		74	9					
Dec. Min....	29.820 (23)	32.5 (17)	24.3 (18)		44 (17)	5 (4)					
Dec. Range	0.843	24.5	44.4		...	...					
1886.											
Jan. Max...	30.602 (12)	46.2 (7,9)	56.5 (20)	.00548	95 (22)	12 (22)	12.8	N. 18° W.	2.383	1.229	Seven rainy days. Snow on the 14th, 22nd, 26th and 30th. On the 9th great magnetic disturbance.
Jan. Mean	30.308	37.5	...		72	8					
Jan. Min....	29.982 (20)	25.0 (31)	19.4 (31)		44 (31)	4 (15)					
Jan. Range	0.620	21.2	37.1		...	...					
Feb. Max...	30.674 (19)	45.9 (25)	58.1 (25)	.00469	92 (5)	16 (5)	13.3	N. 8° W.	1.606	1.733	Ten rainy days. Snow on the 6th, 19th, 20th, 26th and 27th.
Feb. Mean	30.368	35.5	...		68	9					
Feb. Min....	29.970 (5)	26.4 (1)	18.1 (2)		52 (17)	7 (14)					
Feb. Range	0.704	19.5	40.0		...	...					
March... Max...	30.510 (10)	55.4 (18)	67.5 (29)	.00882	98 (15)	18 (15)	13.7	N. 70° E.	2.174	2.966	Thirteen rainy days. First thunderstorm on the 17th. Magnetic disturbance on the 30th and 31st.
March... Mean	30.154	47.4	...		82	12					
March... Min....	29.813 (23)	39.2 (10)	31.8 (6)		53 (29)	7 (27)					
March... Range	0.697	16.2	35.7		...	...					

* Position of British Consulate-General, Shanghai :—Latitude, 31° 14′ 41″ N.; longitude, 121° 28′ 55″ E. of Greenwich.

NOTE.—The figures in parentheses indicate the days on which the observations to which they are appended were made. Under the headings "Diurnal Mean Temperature in Shade," "Humidity," and "Ozone" they indicate the days on which the *mean readings* were respectively highest and lowest.

The Rev. MARC DECHEVRENS has, as usual, been good enough to condense the foregoing abstract from his records. There is little in it requiring special remark, except the comparatively large amount of snowfall. The highest temperature (81°.7 F.) was registered on the 9th October; the lowest (18°.1 F.), on the 2nd February. Winter began early, as is shown by the occurrence of a fall of snow on the 11th November. In the Settlements 11° F. was registered on one morning (1st February), the minimum never rising to 32° F. between the 25th January and the 5th February. The 24th March was the last night of frost.

The prevailing type of disease up to the end of November was abdominal, ranging from acute dyspepsia to malarious dysentery. Many of the cases of remittent fever which occurred in my practice were of typhoid character, and it is to be observed that frank intermittent fever is yearly becoming less common, its place being taken by the remittent form. During the latter part of the half-year rheumatic affections and catarrh of the bowels and respiratory passages were, as might be expected, more prevalent. Varicella attacked a large number of foreign children in January and February. Two adults came under my care with this disease, infection from children resident in the same house being beyond doubt. The "varicella" of adults is not always variola, as HEBRA would have us believe.

One case of small-pox in a Eurasian girl came under treatment in March, and terminated favourably.

A few cases of whooping-cough occurred in March, but up to the end of the period under review I saw no measles. It broke out, however, in April.

There were 12 fatal cases of cholera, all but one being non-resident. The last death occurred on the 28th October. Setting aside a few instances of violent diarrhœa and vomiting, obviously due to some error in diet or exposure, I saw but one case that I should be justified in classing as cholera. This recovered.

Without offering any explanation of the fact, it is worthy of notice that during the first half of January, the weather being dry and cold, there was a remarkable prevalence of high temperatures in cases of trivial illness, without any corresponding disturbance of the general health. I have before me a list of cases observed during this period, comprising chronic bronchitis, simple diarrhœa, presence of lumbricoid worms, amenorrhœa, conjunctivitis, ozæna, and many others equally unconnected one with another, in which there was at some period of every day a temperature of at least 101° F. Routine use of the thermometer could alone reveal this condition, for there was in none of the instances referred to any symptom that would have caused it to be suspected.

In January and February the mortality among natives from cold was unusually high.

Cattle disease spread widely and rapidly among the dairies during the first quarter of this year.

The following table is compiled from the municipal registers and the sexton's books:—

BURIAL RETURN of FOREIGNERS for the Half-year ended 31st March 1886.*

CAUSE OF DEATH.	OCTOBER.	NOVEMBER.	DECEMBER.	JANUARY.	FEBRUARY.	MARCH.	TOTAL.
Typhus fever	...	...	1†	...	...	...	1
Enteric fever	1 2‡	...	...	...	...	...	3
Variola	...	...	...	...	...	1	1
Measles	...	...	...	*f* 1†§	...	...	1
Exanthematic fever	...	...	...	...	...	1	1
Remittent fever	1†§	...	...	...	...	...	1
Cholera	1 11‡	...	...	...	...	...	12
Tuberculosis	...	1‡	...	...	1	1†	3
Hydrophobia	...	...	...	1§	...	...	1
Septicæmia	...	...	...	...	*f* 1	...	1
Alcoholism	...	...	...	...	...	1 *f* 1	2
Cerebral congestion	...	...	...	1†	...	...	1
Bulbar paralysis	1	...	...	...	...	...	1
Phthisis	...	...	...	...	1 1‡ 1†	...	3
Pneumonia	...	...	...	1	...	...	1
Bronchitis	...	...	...	...	...	1‖	1
Capillary bronchitis	...	...	...	*f* 1§	...	...	1
Chronic diarrhœa	...	*f* 1	...	...	...	...	1
Dysentery	...	...	1	...	...	...	1
"Stomach disorder"	...	...	...	...	...	*f* 1§	1
Hepatic abscess, pyæmic	...	...	1	...	...	...	1
Hepatic cirrhosis	...	...	1	...	...	...	1
Peritonitis	...	...	...	1	...	...	1
Disseminated colloid of peritoneum	...	*f* 1†	...	...	...	...	1
Sarcoma of neck	...	...	...	1‖	...	...	1
Carcinoma of pancreas	...	...	...	...	...	1	1
Glioma of cerebellum	...	...	*f* 1	...	...	...	1
Drowned	1‡	...	1‡	...	...	...	2
Buried on Coroner's order	*f* 1	...	...	...	...	...	1
„ Consular certificate	...	...	...	...	1‖	...	1
„ without certificate	...	...	*f* 1§ 1‖	...	...	...	2
TOTAL	19	3	8	7	6	8	51

* Not including deaths (if any) among the Catholic religious bodies, among Eurasians and Japanese. Exclusive also of still-births, and of burials after death occurring elsewhere.

† Macao parentage (7).
‡ Non-resident (17).
§ Infant (6).
‖ Manila (4).

No European died of any disease affecting the heart or great vessels. There was no case of suicide. No fatal case of enteric fever occurred in any month but October.

Subtracting from the total of 51 deaths, 2 cases of drowning, there remain 49 deaths attributable to disease. Infant mortality is represented by 6. The foreign adult mortality was therefore 43 (36 males and 7 females), against 28 (25 males and 3 females) during the corresponding period of 1884–85.

CAUSES of DEATH from DISEASE among RESIDENT EUROPEAN ADULTS.

Variola	1	Alcoholism	2 (1 female).
Exanthematic fever	1	Bulbar paralysis	1
Enteric fever	1	Phthisis	1
Cholera	1	Pneumonia	1
Tuberculosis	1	Chronic diarrhœa	1 (female).
Septicæmia	1 (female).	Dysentery	1

Hepatic abscess . . .	1	Cancer of pancreas	1
Hepatic cirrhosis . . .	1	Glioma of cerebellum	1 (female).
Peritonitis	1	Uncertified	1 („).

14 males and 5 females, against 19 males and 3 females for the last previous corresponding period.

CAUSES of DEATH from DISEASE among the CHILDREN of RESIDENT EUROPEANS.

Hydrophobia	1	"Stomach disorder"	1 (female).
Capillary bronchitis . .	1 (female).	Uncertified	1 („).

1 male and 3 females, the numbers for the winter six months of 1884–85 having been 1 male and 2 females.

CAUSES of DEATH from DISEASE among NON-RESIDENT EUROPEAN ADULTS.

Enteric fever	2	Tuberculosis	1
Cholera	11	Phthisis	1

15 males, as against 3 males during the corresponding period of 1884–85.

CAUSES of DEATH from DISEASE among RESIDENT NON-EUROPEAN ADULT FOREIGNERS.

Typhus fever	1 (Macao).	Colloid of peritoneum	1 (Macao, female).
Tuberculosis	1 („).	Bronchitis	1 (Manila).
Cerebral congestion . .	1 („).	Sarcoma of neck	1 („).
Phthisis	1 („).	Uncertified	2 („).

7 males and 2 females, against 3 males in the last corresponding period.

CAUSES of DEATH from DISEASE among NON-EUROPEAN FOREIGN CHILDREN.

Remittent fever . . .	1	Measles	1 (female).

both of Macao parentage. The number for the preceding corresponding period was 3, all Malays and females.

The subjoined extract from the *procès-verbal* of the meeting of the French Municipal Council held on the 16th May 1886 shows that that body has taken the initiative in attempting to remedy the dangerous condition of affairs to which attention was drawn in the last number of these Reports.*

Permis d'Inhumation.—L'attention du Conseil ayant été appelée sur ce qu'il pouvait arriver que des permis d'inhumation fussent demandés sur la production d'un certificat de décès signé par des personnes non qualifiées à cet effet, le Conseil prie son Président de s'entendre avec son collègue du *Municipal Council* afin de prendre telle mesure qu'il conviendra pour parer à cet abus, et de vouloir bien lui faire connaître le résultat de cette démarche.—*L'Écho de Shanghaï*, 21 mai 1886.

* Customs *Medical Reports*, XXX, 16.

DR. J. F. WALES'S REPORT ON THE HEALTH OF CANTON

For the Year ended 31st March 1886.

THE general health of foreigners residing here during the above period has been fairly good, although cases of bowel disorders, more especially diarrhœa, have been somewhat in excess of the average of previous years.

There have been five births and three deaths; of the latter, one was of an adult from general spinal paralysis.

The patient had contracted syphilis 20 years previously, for which he had never received any specific treatment. From time to time he suffered much from inflammatory swellings on his head and limbs. The paralysis was preceded by an attack of dysenteric diarrhœa. On 16th December 1884 he complained of partial loss of sensation of right leg, and within two days this was succeeded by partial paralysis of motion of left arm. During the following five days paralysis of motion had extended to the remaining limbs, and the bladder had become ataxic. His chief suffering throughout his illness was caused by frequent and painful spasms of right arm and leg, notwithstanding that the cutaneous sensibility was most imperfect in these limbs. On 13th February 1885 the paralysis had extended to the diaphragm, and his voice had become much weakened. On 20th of same month he complained of altered sensation or numbness having extended to the left ear, and the difficulty of breathing had become extreme. Death took place on 21st April 1885, and was doubtless hastened by the presence of several large bed-sores, the formation and extension of which it was found impossible to prevent. There were no cerebral symptoms. Iodide of potassium was administered in scruple doses thrice daily, but afterwards iodide of sodium was substituted, owing to gastric irritability. Mercurial inunctions were also practised.

Of the two remaining deaths, one resulted from choleraic diarrhœa, and the other from dysentery, and both occurred in infants who were hand-fed. At times it is impossible here to procure a good wet nurse. I have known even missionary families to experience this difficulty, although they are intimately acquainted with the natives and their language.

During the year I attended eight cases of continued fever, three of which were associated with typhoid symptoms. The following record is that of a patient who possibly contracted the disease in Japan, whence he had returned three weeks prior to the beginning of his illness. I had not an opportunity of recording the morning and evening temperature during the first six days.

He began to feel unwell on the evening of 23rd December 1885, from which date I reckon the attack began. He continued, however, to walk about and attend to duty, feeling very unwell till 28th December, when he took to his bed. The bowel symptoms were well marked; the motions were yellowish, liquid and offensive; there was gurgling on pressure, and at first notable tenderness in right iliac fossa. The diarrhœa continued four days after the evening temperature had become normal. The temperature observations were taken each morning and evening at 9.30 A.M. and 7.30 P.M.

		December 1885.			January 1886.													
		29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14
		°F.	°F.	°F.	°F.	°F.	°F.	°F.	°F.	°F.	°F.	°F.	°F.	°F.	°F.	°F.	°F.	°F.
Temperature...	M.	100.6	101.2	101.4	100	98.7	99.2	98.8	97.6	97.8	97.7	98	97	98.4	99.6	98.6	98	97.2
	E.	103	102.8	102	100.8	100.4	100.3	99.8	100.4	100	100	99.6	100.4	99.8	99.2	99	99.2	98.4
No. of Motions.....		2	2	2	1	1	...	2	1	1	1	1	2	2	3	3	3	3

I have lately satisfactorily tested the effectiveness of cocaine as a local anæsthetic.

Having circumcised a patient for congenital phimosis, he assured me that he felt no pain or discomfort whatever. Five minutes before operating I injected a few minims of a 10 per cent. solution subcutaneously, and also painted the part with the same.

Recently I had an opportunity of reducing by manipulation a subcoracoid dislocation of the humerus.

The patient was a very muscular and powerfully built subject, who had fallen a distance of 14 feet on his elbow six days before I saw him. Repeated efforts had been made to replace the bone by violent extension with the heel in the axilla, but without effect. I had him put thoroughly under the influence of chloroform, and by simply first adducting and then rotating the arm outwards, the head of the bone was replaced with the greatest possible ease.

The following abstract from the meteorological tables for last year has been prepared by Mr. Harbour Master MOOREHEAD :—

ABSTRACT of CANTON CUSTOMS METEOROLOGICAL TABLES, April 1885 to March 1886.

MONTH.	WINDS.							WEATHER.			BAROMETER.				THERMOMETER.			
											DAY.		NIGHT.		DAY.		NIGHT.	
	No. of Days N. to E.	No. of Days E. to S.	No. of Days S. to W.	No. of Days W. to N.	No. of Days Variable.	No. of Days Calm.	Average Hourly Force.	No. of Days Fog.	No. of Days Rain.	Rainfall in Inches.	Highest Reading and Average Highest.	Lowest Reading and Average Lowest.	Highest Reading and Average Highest	Lowest Reading and Average Lowest.	Highest Reading and Average Highest.	Lowest Reading and Average Lowest.	Highest Reading and Average Highest	Lowest Reading and Average Lowest.
1885.							*miles*				*Inches.*	*Inches.*	*Inches.*	*Inches.*	°	°	°	°
April	4	16	2	...	7	1	4.1	...	15	11½	30.12 29.98	29.79 29.90	30.07 29.97	29.78 29.92	85 77	63 72	77 73	62 69
May	...	20	3	...	8	...	4.9	...	13	6½	30.08 29.94	29.60 29.82	30.05 29.92	29.69 29.91	89 84	73 79	88 80	72 77
June	1	17	1	...	11	...	4.2	...	11	15	30.00 29.86	29.65 29.79	29.98 29.85	29.66 29.80	91 85	75 81	88 82	75 79
July	...	17	3	2	9	...	1.2	...	10	9½	30.03 29.81	29.60 29.71	30.00 29.75	29.65 29.72	94 87	78 82	90 83	78 80
August	...	18	4	2	7	...	1.9	...	14	16¼	29.92 29.80	29.53 29.70	29.89 29.78	29.56 29.73	94 86	79 82	89 82	77 79
September	4	11	...	2	13	...	0.6	...	6	4½	30.13 29.94	29.70 29.88	30.10 29.91	29.72 29.89	90 86	77 79	85 81	74 79
October	11	6	...	...	14	...	1.17	...	1	2⅜	30.18 30.06	29.90 30.01	30.11 30.05	29.95 30.03	88 80	67 74	83 76	65 73
November	21	1	...	...	8	...	1.2	...	3	1	30.41 30.22	29.90 30.13	30.39 30.20	29.94 30.14	82 70	55 65	77 67	53 62
December	18	9	...	...	4	...	1.3	...	2	2¾	30.35 30.18	29.88 30.08	30.30 30.15	29.90 30.11	78 65	53 63	73 65	51 60
1886.																		
January	23	6	...	...	2	...	4.9	...	4	2½	30.35 30.18	29.80 30.10	30.35 30.16	29.83 30.10	76 63	42 56	68 59	42 56
February	25	1	...	...	2	...	5.1	...	3	1⅞	30.30 30.18	29.90 30.10	30.28 30.16	29.90 30.08	62 54	44 50	60 52	44 48
March	8	17	...	1	5	...	4.1	...	9	4¾	30.20 30.07	29.80 30.02	30.20 30.06	29.85 29.69	80 68	53 63	75 66	52 62

REMARKS.—1885: During April the highest reading of the barometer was 30.12 inches, on the 24th; and the lowest 29.78 inches, on the 30th. The highest temperature was 85°, on the 29th; and the lowest 62°, on the 9th. Rain fell on 15 days, measuring 11½ inches. The prevailing winds were from S.E., and the strongest was recorded on the 27th, averaging 5.7 miles an hour during 24 hours.—In May the highest reading of the barometer was 30.08 inches, on the 4th; and the lowest 29.60 inches, on the 14th. The highest temperature was 89°, on the 14th, 22nd, 25th, 27th, 29th, 30th and 31st; and the lowest 72°, on the 1st. Rain fell on 13 days, measuring 6½ inches. S.E. winds prevailed, and the strongest was recorded on the 21st, averaging 9.1 miles an hour during 24 hours.—During June the highest reading of the barometer was 30 inches, on the 2nd, 4th and 5th; and the lowest 29.65 inches, on the 30th. The highest temperature was 91°, on the 29th; and the lowest 75°, on the 6th, 11th and 12th. Rain fell on 11 days, measuring 15 inches. The prevailing winds were from S.E., and the strongest was recorded on the 12th, averaging 8 miles an hour during 24 hours.—In July the highest reading of the barometer was 30.03 inches, on the 13th; and the lowest 29.60 inches, on the 3rd. The highest temperature was 94°, on the 20th; and the lowest 78°, on the 6th and 27th. Rain fell on 10 days, measuring 9½ inches. S.E. winds prevailed, and the strongest was recorded on the 10th, averaging 7.2 miles an hour during 24 hours.—During August the highest reading of the barometer was 29.92 inches, on the 21st; and the lowest 29.49 inches, on the 25th. The highest temperature was 94°, on the 24th; and the lowest 77°, on the 11th. Rain fell on 14 days, measuring 16¼ inches. S.E. winds prevailed, and the strongest was recorded on the 18th, averaging 10.5 miles an hour during 24 hours.—During September the highest reading of the barometer was 30.13 inches, on the 28th; and the lowest 29.70 inches, on the 9th. The highest temperature was 90°, on the 25th, and the lowest 74°, on the 16th and 17th. Rain fell on 6 days, measuring 4½ inches. S.E. winds prevailed, and the strongest was recorded on the 26th, averaging 2.8 miles an hour during 24 hours.—In October the highest reading of the barometer was 30.18 inches, on the 17th: and the lowest 29.90 inches, on the 5th. The highest temperature was 88°, on the 14th; and the lowest 65°, on the 25th. Rain fell on 1 day, measuring 2¾ inches. N.E. winds prevailed, and the strongest was recorded on the 16th, 22nd and 23rd, averaging 7.3 miles an hour during 24 hours.—During November the highest reading of the barometer was 30.41 inches, on the 13th; and the lowest 29.90 inches, on the 1st. The highest temperature was 82°, on the 9th; and the lowest 53°, on the 13th. Rain fell on 3 days, measuring 1 inch. N.E. winds prevailed, and the strongest was recorded on the 24th, averaging 9.7 miles an hour during 24 hours.—During December the highest reading of the barometer was 30.35 inches, on the 12th: and the lowest 29.88 inches, on the 23rd. The highest temperature was 78°, on the 3rd and 23rd; and the lowest 51°, on the 29th. Rain fell on 2 days, measuring 2¾ inches. N.E. winds prevailed, and the strongest was recorded on the 7th and 13th, averaging 12 miles an hour during 24 hours.—1886: During January the highest reading of the barometer was 30.35 inches, on the 5th; and the lowest 29.80 inches, on the 22nd. The highest temperature was 76°, on the 9th; and the lowest 42°, on the 30th and 31st. Rain fell on 4 days, measuring 2½ inches. N.E. winds prevailed, and the strongest was recorded on the 30th, averaging 10.4 miles an hour during 24 hours.—In February the highest reading of the barometer was 30.30 inches, on the 19th, 22nd and 23rd; and the lowest 29.90 inches, on the 5th. The highest temperature was 62°, on the 26th; and the lowest 44°, on the 1st, 8th and 22nd. Rain fell on 3 days, measuring 1⅝ inch. N.E. winds prevailed, and the strongest was recorded on the 7th, averaging 10.4 miles an hour during 24 hours.—During March the highest reading of the barometer was 30.20 inches, on the 5th, 6th and 29th; and the lowest 29.80 inches, on the 22nd. The highest temperature was 80°, on the 17th; and the lowest 52°, on the 25th and 26th. Rain fell on 9 days, measuring 4¾ inches. S.E. winds prevailed, and the strongest was recorded on the 15th, averaging 8 miles an hour during 24 hours.

DR. E. A. ALDRIDGE'S REPORT ON THE HEALTH OF HOIHOW (KIUNGCHOW)

For the Half-year ended 31st March 1886.

THE health of both foreign and native residents at this port has during the last six months on the whole been good. We have had a remarkably dry winter and very little cold weather. One foreigner was for some weeks confined to the house by remittent fever, with some enlargement and suppressed action of liver. There were also some cases of ague. It would seem curious that that should have been the case during such beautiful weather, and it can only be accounted for by the fact of there being so much less water in the creeks and covering the plain to the north of the town during the winter months. The drying up of the ground develops the malarial poison, while the houses of foreigners, situated as they are on the northern outskirts of the town, are fully exposed to this miasma. It is not during the steamy, damp weather of summer, but during any dry season, that fevers are most prevalent among foreigners. The houses they occupy at present, though cooler, are doubtless not as healthy as they would be if built farther inland.

It gives me pleasure to record the arrival, in November, of Dr. H. M. MCCANDLISS of the American Presbyterian Mission. It is in contemplation by the society to erect suitable hospital buildings in Kiungchow, where he may be able to administer medical relief to the natives.

The officials and merchants of this district, considering that the medical knowledge of the men who professed to be native doctors was of the very poorest description, subscribed a large sum of money, and in June last converted the Government school buildings at Hoihow into a hospital. The hospital is conducted on the lines of the Hongkong Tunghwa Hospital, and the services of three men, who have received a medical training in that institution, have been engaged. Medicine and advice are given gratis to the poorest applicants, and prescriptions to those who can afford to pay for the making up of the same at one of the native drug stores. When necessary, patients are attended at their homes, the hire of the doctor's chair coolies being only asked for. The chance of obtaining better native treatment has been greatly taken advantage of, and the hospital so far has been a success. During the hot, unhealthy months of June, July and August, when so many natives suffered from bowel complaints, the hospital books record that advice was given on 7,300 occasions. The average monthly entries since the opening have been about 1,100. Vaccination was commenced at the hospital in the middle of December, and will continue to the end of April. Up to the end of March 1,033 were vaccinated. With the exception of the first few days, arm-to-arm vaccination has been performed, the charge being 40 cash. This small sum is given to the mother of the child from whose arm the lymph is taken. Should the doctor be asked to visit the parent's house, a private fee of a dollar or so is expected to be paid. Hainanese have a greater dread of small-pox than of any other disease, and vaccination has for the last seven years been so extensively and effectually performed that I have not seen or heard of a single case of variola during a five and a half years' residence in Hoihow. Before vaccination was practised I am told that

the natives performed inoculation by introducing small-pox scabs into the nostrils, and also swallowed them in cakes.

As it was proposed to reopen the copper mines in the Changhwa and Tamchou districts, a party of Chinese from Hongkong went there prospecting in January. During the three or four days they were there the country was enveloped in mist that only lifted for a short time in the middle of the day, but there was no rain. Though only there such a short time, they became so ill that they had great difficulty in getting back to Hoihow.

When I was called in I found the whole party suffering from malarial fever. One man was unable to speak or swallow, and died in three hours, and another expired the day following. There was only one of the seven explorers that had but slight fever; the four others had high fever. Temperature, 100° to 104° F.; tongue furred and tremulous; skin dry and of dusky colour; bones aching; headache; eyes bilious; vomiting; constipation; urine scanty. Under treatment by purgatives and large doses of quinine they recovered sufficiently to be able to leave the island in a few days. Thus, of seven young men from 23 to 36 years of age, two died, and the others suffered more or less severely. The officials sent a guard of 10 Hainanese soldiers for their protection; these natives did not escape the poison, and three of their number died on their return to Kiungchow.

Foreigners have now resided in Hoihow for exactly 10 years. It may be thought interesting to give a short summary of the diseases attended during the last five years among the 29 foreigners that lived in Hoihow for at least 12 months of that time. Considering that these were young men in the prime of life—19 of the 29 being members of the Consular and Customs services,—the great amount of sickness is certainly condemnatory of the unhealthiness of the port.

Chronic Rheumatism.—10 cases. Synovial, 2; 1 was with gonorrhœa, the left knee-joint being affected; in the other case both knee-joints and ankles suffered. Lumbago, 1; it was contracted by wearing only a short sleeping jacket and allowing the night air to blow on the back. The pain, which was very acute, began regularly about 1 A.M. and lasted until daybreak, when it almost suddenly disappeared for the remainder of the day. Hypodermic injections of morphia, and quinine brought about a cure. Sciatica, 1; cured by very large doses of iodide of potassium.

Cholera.—1 case; fatal. This was described in the Customs *Medical Reports*, XXV, 12.

Febricula.—Several severe cases. An attack often comes on after long exposure to the sun (febris ardens). At other times the cause is malarial poison, the fever running high for several days and the disease seeming to be really intermittent fever, the paroxysms for some cause not recurring or only doing so at uncertain intervals. I have experienced two attacks of this fever myself, each lasting some days, on both occasions being delirious and troubled with difficulty of breathing at night-time, the temperature running up to about 105° F.

Enteric Fever.—1 case; very mild.

Intermittent Fever attacked 18 persons. Though a man here has often several attacks, quinine in most cases prevents a second paroxysm.

Remittent Fever.—4 cases; 3 were attended with some enlargement of liver. In one case there were bad symptoms of a typhoid character.

Gonorrhœa.—5 cases; 1 was attended with ophthalmia and synovial rheumatism.

Herpes Preputialis.—1 case.

Syphilis.—4 cases; in all but one the disease had been in the system for some time, and one or other had ozæna, palmar psoriasis, ulcer on leg, and thickening of periosteum of the long bones. The ozæna and ulceration of the nasal bones were cured by the inhalation, every other day, of the fumes from 20 grains of oxide of mercury heated over a spirit lamp.

Dysentery.—1 case.

Chronic Diarrhœa.—3 cases.

Hæmorrhoids.—3 cases.

Orchitis.—1 case; there was no gonorrhœa.

Three men were troubled with *round worms.* One day a man fell down in the street, and for nearly two hours repeatedly fainted and had severe cramps in the limbs; it was afterwards discovered that he had a *tapeworm.*

There were some cases of *tinea circinata.*

A *morphia habitué* came under my treatment.

He was 39 years of age, looked prematurely old, and had a broken-down constitution, the result of rheumatism, morphia and fast living. He had begun first to give himself hypodermic injections of morphia at another port, for the relief of the pain of chronic rheumatism, that left him with impaired motion in one shoulder-joint. Under my supervision he made an attempt to rid himself of the habit by gradually reducing the quantity of morphia and the number of injections, and taking tonics and alcoholic stimulants. The result was not satisfactory; want of sleep, diarrhœa and depression prevented a cure. I was greatly pleased when a supply of morphia that he had himself ordered from Hongkong did not arrive, for he was then compelled to go without. A most miserable week was passed, and he suffered from severe prostration, exhausting sweats, vomiting, diarrhœa and sleeplessness. At the end of a fortnight he was in his office again, without any craving for the drug, and rapidly improved in health. The satisfactory termination of this case proved plainly that abrupt withdrawal, and not gradual reduction, is to be recommended.

Having frequently been called in to attend one or another of a friend's household, I obtained from him a record of a year's ailments, the gist of which I now give.

His loss in weight from chronic diarrhœa of three or four weeks' duration had been about 27 lb. Everybody connected with his establishment had been sick. One coolie died from remittent fever, and the successor taking ill and never returning, the natural inference was that he too succumbed. His boy was away with remittent fever for over three months, but ultimately recovered; the boy's first cousin, who took his relative's place, had intermittent fever for a few days. The assistant cook was ill for some time with malarial fever, and the last of a long line of coolies was then away with the same complaint. A foreigner had only been in Hoihow and resided in his house for a few days when he was seized with remittent fever and laid up for a couple of months.

This closed the list of ailments in a foreigner's house during one year.

The above will give some idea of the unhealthiness of Hoihow, and what a terrible scourge malaria is to both foreigners and natives alike.

Reviewing the diseases among natives for the last five years, I have to report that during the summer of 1881 there was rather a severe epidemic of cholera in Hoihow and Kiungchow. In 1882 there were very few cases of cholera near here, though other parts of the island, more especially the west coast, suffered greatly. In 1883 there was an unusual freedom from diseases of a choleraic character. In 1884 diarrhœa caused a considerable mortality among the infantile population of the villages near Hoihow. Several deaths from dysentery and choleraic diarrhœa occurred among the soldiers and sailors quartered in the long boats that were moored to the banks of the Hoihow creek, with very inadequate protection from rain and sun. The following case had the symptoms of true cholera:—

6th July 1884.—SHUI YING; aged 30 years; Cantonese; marine under the command of Colonel CHÊNG; an opium smoker; taken ill at 4 A.M. I first saw him at 9 A.M.; he had then vomited three or four times, and had passed three loose motions. Except when cramps seized him, he lay in a listless state with his eyelids half open. Radial pulse just perceptible, but could not be counted; temperature below normal; nails blue; skin of tips of fingers and heels wrinkled; urine suppressed. Sinapisms employed; hypodermic injection of $\frac{1}{2}$ grain of morphia; brandy and one drop of carbolic acid given every half hour. At 11 A.M. there was some improvement; there had been no return of the vomiting and purging; the body was

warmer, and the man felt better. Another morphia injection was given. This rally only lasted for an hour, and he expired before 2 P.M.

The Hunan braves stationed round Kiungchow suffered severely from the effects of the climate, and it is estimated that upwards of 1,000 met their death in Hainan. These poor fellows, after the first few weeks of their arrival, during all the excitement of the war, were always most friendly and polite when they encountered foreigners. They arrived totally unprovided with medical attendants or medical stores. This want was the cause of an immense amount of suffering and loss of life that could have been prevented by men with a little knowledge of surgery and the treatment of malarial fevers. It is to be hoped that the Chinese may have learned during the late war that in a military campaign medical assistance to their own sick and wounded soldiers is in no way secondary in importance to the destruction of the enemy, and that they will now have men trained to be able to prevent such a want ever occurring in the future.

Occasionally there was a *mêlée* between the soldiers of different provinces stationed here, or between soldiers and villagers, and I attended several cases of sword cuts.

One soldier that I was called to had the ankle-joint cut into and the foot almost severed from the leg. Amputation was really the proper course, but this was refused, and I was only allowed to stop the hæmorrhage and dress the wound. The man was sent at once to Canton, and no more was heard of him here.

A soldier, for some serious offence, had been dismissed his regiment, with the cartilage of one ear cut through and left hanging down from only the lobe. Though not seen for two days, I was able to stitch up the piece and heal the ear most successfully. Much to the satisfaction of the man, the fact of the whole piece not having been completely cut away (by which the infliction of a severer punishment was intended) proved the means of his recovering a sound ear.

Many of the soldiers were opium smokers, so that when such men were attacked with affections of the bowels the good effects of treatment by preparations of opium were greatly diminished.

A rude form of cremation was adopted by the Hunan men. The corpse was placed over a lighted pile of wood and oily sesamum seed until the flesh was charred; the bones were then scraped with knives and placed in a basket. Five or six junks loaded with these baskets of bones left for Canton, the bones being sent on from there to Hunan. One junk took 250 baskets and a lot of sick soldiers, half of the men dying before reaching Canton.

Affections of the chest in this warm place are naturally most uncommon. There are, however, deaths from phthisis, and during the colder months from acute bronchitis among young children.

Of the eruptive fevers, measles, with only mild chest complications, and chicken-pox occur here. Mumps has also been seen.

Fractures and dislocations are rare, and I have only been called on to set a COLLES'S fracture of radius.

Last year two calculi were removed, after having caused retention of urine for 20 hours by impaction in the penile urethra.

Hæmorrhoids and fistula in ano are very frequent; in fact, there is a common saying among the natives here that "of every 10 men 9 are afflicted with piles." The application of powdered cutch and an infusion of mango leaves is the usual treatment adopted by them.

Several cases of opium-poisoning have been treated successfully. The women set little value on their lives, and suicide is frequent. A mere squabble of words is often enough to cause a woman to swallow a large dose of opium or hang herself.

There is really very little actual poverty among the Hainanese living round Hoihow, and it may be on this account that infanticide is not greatly practised. When, for some reason or other, a child is not wanted, abortion is naturally preferred, and many native plants and drugs—such as safflower, sapanwood, native sulphate of soda, manis scales, the ashes of the paper on which silkworms' eggs have been hatched infused in yellow samshu—are taken in the hope of bringing about a miscarriage. Should infanticide be performed, it is usually done by smothering the child in a bucket of burnt-wood ash immediately after its birth.

Diseases among Animals.—In 1881 cows and buffaloes died in great numbers from a very contagious disease (rinderpest?). In 1883 there was a fatal disease among pigs. The symptoms were refusal to eat or move about, heavy breathing, increased secretion of saliva and urine, inflammation of eyes and lungs, and death in about three days. In 1884 glanders was introduced into the island, presumably by some ponies that were brought over from the mainland by the soldiers. A pony of mine died from glanders and farcy buds. Diarrhœa sometimes attacks poultry, and in a few days whole yards are cleared of their live stock—fowls and ducks only living two or three days after they have been seized by the disease.

The following meteorological table is drawn up from readings taken at the Custom House, Hoihow: latitude, 20° 3′ 13″ N.; longitude, 110° 19′ 3″ E.:—

METEOROLOGICAL TABLE.

YEAR AND MONTH.	WINDS.							BAROMETER.		THERMOMETER.		No. of Days Fog.	No. of Days Rain.	AVERAGE RISE AND FALL OF TIDES.	
	No. of Days N. to E.	No. of Days E. to S.	No. of Days S. to W.	No. of Days W. to N.	No. of Days Variable.	No. of Days Calm.	Average Hourly Force.	Highest.	Lowest.	Highest.	Lowest.			Highest.	Lowest.
1885.							*Miles.*	*Inch.*	*Inch.*	°	°			*Ft. in.*	*Ft. in.*
October	22	3	...	...	6	...	1.6	30.18	29.94	86	72	...	4	3 9	1 0
November	27	1	...	...	2	...	1.5	30.40	30.00	81	64	2	2	3 9	1 2
December	22	4	1	...	4	...	1.5	30.34	29.95	83	62	3	...	3 11	1 2
1886.															
January	23	3	...	...	5	...	3	30.42	29.82	80	52	5	6	4 0	1 4
February	23	1	...	...	4	...	3	30.36	29.90	74	51	16	17	3 8	1 2
March	13	8	...	...	10	...	3	30.25	29.80	85	64	6	7	3 5	1 2

DR. A. S. DEANE'S REPORT ON THE HEALTH OF WUHU

From 1st October 1880 to 31st March 1886.

DURING this period the health of the foreign community has on the whole been satisfactory, considering the insanitary and ill-constructed houses the greater part of them are still compelled to occupy. The wonder is there has been so little sickness among them, and no deaths. Our seasons seem to vary a good deal, and forecasts of what kind of weather to expect are not easily arrived at. Extreme changes of temperature take place during the spring and autumn, then influenza, chest affections and fever are prevalent, but influenza and chest affections belong more particularly to the spring, while fever is most noticeable during the autumn. The thermometer during the summer seldom rises above 91° F. in a situation unheated by radiation from surrounding objects, but if placed in the upper stories of some of our dwelling-houses will reach 101° or more. Although the temperature under ordinary circumstances is never very high, yet 91° in the humid atmosphere that envelopes us is most enervating and depressing. The average minimum temperature during the winter is about 27°. Thunderstorms are not of infrequent occurrence from April to the end of June. Some seasons they occur all through the summer, and, as a rule, are generated over the vast marshes of Western Anhwei. They work up from the west, usually against a light easterly, south-easterly or north-easterly wind, reaching us between 4 and 7 o'clock in the evening, are of no very distant origin, and do not travel far beyond us, dissipating when they reach high land 10 to 20 miles to the eastward of this port. Of course we have thunderstorms that come from any direction, and burst at any hour of the night or day, but the majority of those we experience are generated to the westward of us.

During the period under review 10 cases of malarial remittent fever occurred; only three of these, however, in adult males, were of that variety accompanied by abdominal symptoms, very high temperature, delirium and other ataxic phenomena; but as it is not my intention to dwell on this subject at present, I pass it over. One case of variola, of more than average severity, was treated during the winter of 1880.

The patient was covered with eruption, and suffered a good deal. As soon as a vesicle formed on the face it was punctured, on the right side of the face with a needle dipped in tincture of iodine, and on the left side with a needle charged with a 4 per cent. solution of nitrate of silver. This treatment was repeated as often as was necessary until the 9th or 10th day of the eruption, when the vesicles so treated dried up, and the patient recovered in 35 days with but three almost imperceptible marks on the side of the face treated with the solution of nitrate of silver. The iodine caused considerably more irritation than the nitrate of silver, and when the scabs separated, several ulcers about the size of a pin's head were left

—perhaps the result of too frequent introduction of the tincture of iodine,—but these healed in a few days, and were not followed by pitting.* To relieve the pruritus the following formula was used :—

℞ Liq. morph. mur.	℥iv	Glycerini	℥iv
Acid. hydrocyan. dil. . . .	℥ij	Aquæ camphoræ	ad ℥vj
Acid. carbol.	gtt. xij		

1½ oz. of this lotion, taken up with a small sponge, was applied, at bedtime, all over the surface of the body and limbs, and proved very successful in allaying the intolerable itching and in giving the patient quiet sleep throughout the night, when full doses of opium failed to have effect on previous nights. Caution, however, is necessary in its use if many of the vesicles or pustules happen to be open.

Of other affections occurring among the foreign residents there have been none of sufficient importance to call for comment; but the following account of an accident through the careless use of fire-arms may not be out of place:—

A and *B* were out with their guns, one on either side of a strip of reeds about 25 yards wide. *A*, being to the left of *B*, fired at and wounded a deer that started up between them, and at the same time lodged some of the shot in his companion *B*. Having discovered what he had done, he rendered all the assistance that lay in his power. He found his companion lying upon the ground, bleeding profusely from the left nostril, and, becoming alarmed, proceeded to plug the nostril with a handkerchief; then *B* complained of choking from the blood running down his throat, whereupon the plug was removed and the choking sensation ceased, but blood still continued to pour from the nostril. *A* had now no other resource left, and simply stood by in anguish, watching, as he thought, his friend's life on the ebb, when, all at once, an attack of syncope came to the rescue; the hæmorrhage ceased, *B* revived, and after a short time was conveyed home in a boat. When I saw the patient there was a wound in the left temporal fossa, and another over the spine of the left scapula, caused by the entrance of two pellets of shot, each weighing 25 grains. There was no hæmorrhage; the left lower eyelid was discoloured, the discoloration being most marked near the inner canthus. On passing a probe through the wound in the temporal fossa, its point was felt low down behind the lower eyelid, showing that the pellet of shot, having struck the temporal bone obliquely, was deflected downwards and forwards behind the malar bone, through the outer wall of the orbit, and, following the floor of the orbit, had entered the left nostril below and behind the inner canthus, whence it possibly fell to the ground through the anterior naris or passed into the œsophagus through the pharynx. The eye was uninjured, but there was considerable swelling of the face, which subsided under treatment, and, as far as this wound was concerned, the patient was well on the 8th day after the accident. The grain of shot that entered at the shoulder penetrated deeply, and could not be found. An abscess formed, liberating a few pieces of cloth, after

* The practice of puncturing and introducing irritants into the vesicles, if thoroughly carried out from the commencement of the vesicular stage, yields, as far as my experience of 14 cases of small-pox is concerned, very satisfactory results. It is not sufficient to puncture a vesicle once or twice; the puncturing should be repeated every time fluid forms within it. Vesicles on the eyelids and on the lips should not be irritated by the frequent introduction of solutions of iodine or nitrate of silver, since it may be followed by erysipelas. In these situations the solution of silver is to be preferred to that of iodine, for it causes less inflammation, and should be introduced once, or, after an interval of two days, at most twice; but the vesicles on each occasion they are seen to contain fluid should be evacuated with a clean needle.

[On one occasion in 1867, when I was acting as house physician to a large fever hospital in Ireland, a young girl was admitted in the vesicular stage of semi-confluent variola. I was experimenting at the time on the various methods proposed for preventing pitting. The plan adopted in this particular instance was to cover the face with a paste of whiting mixed with carbolised oil, while the patient's hands were confined in a sort of mitigated strait-waistcoat. The result was eminently satisfactory. No scar remained anywhere except on the point of the chin, where the friction of the bed-clothes continually rubbed away the application. Previous to her illness the girl's appearance was, I was told, homely in the extreme; but she was discharged in possession of a dimple on her chin, which lent her a bewitching air whenever she laughed, and I believe that from that time out she carefully cultivated a cheerful expression of countenance.]

which the wound healed and the patient recovered without any defect, having had a narrow escape of losing an eye, to say nothing of death, for had the grain of shot struck the temporal bone perpendicularly, it in all probability would have penetrated the brain.

With the diseases or accidents occurring among the Chinese my chances of observation have been restricted, but, as far as I can learn, there has been only one epidemic in Tai-p'ing-fu, Ning-kuo-fu or Wuhu within the last six years, and that occurred during the exceptionally dry winter of 1880, when small-pox made its appearance and attacked a large ratio of the population of this province, a fact corroborated, as far as Wuhu was concerned, by a glance at the faces of people passing through the streets. It was said, however, that the death rate was low, being greater among those over than under 35 years of age. This epidemic gradually died out about February 1881, and the disease has not since been seen except in isolated cases, probably the result of inoculation.

Cholera, or a disease commonly called by this name, was very prevalent during the summers of 1881, 1883 and 1885. I believe it will be found, to a greater or less extent, every year in all the large towns throughout this province during the latter part of summer. It appears in isolated cases, seldom occurs twice in the same house, and, even in seasons when most prevalent, it does not take the form of an epidemic attacking a large number of people in close proximity to those affected with the disease. A case will occur in the southern suburbs to-day, and to-morrow one will be heard of from the other end of the city, perhaps a mile distant. But although the disease is not epidemic, yet many suffer from it, about 70 per cent. of whom are said to die usually in from 4 to 12 hours. Still, it can in no way be compared to epidemic cholera in the devastation it causes. The people are naturally much alarmed at the rapidity with which death supervenes upon an attack, and at the very small chance there is of recovery. That these facts cause exaggerated statements as to the number of cases which really do occur I have little doubt.

For the following account I have to thank Mr. M. Boyd Bredon, at the time Assistant-in-Charge of this port, who took much pains in having certain questions on "cholera," as it occurs here, answered for me:—

From the Chinese point of view there are two kinds of cholera known here—"wet" and "dry,"—both of which are contracted by sleeping in a draught, together with exposure to the sun on the following day, on the evening of which the disease begins to make itself manifest by pains in the abdomen.

The "wet" variety commences with vomiting and purging, the dejections at first consisting of the contents of the bowels; later on they assume the character of a thin yellow fluid, containing no solid matter. Perspiration flows freely at first, but afterwards the skin becomes dry. Of this variety 90 per cent. of the cases are said to die.

In the "dry" attacks there is a desire to vomit and purge with an inability to do so, and there is high fever without perspiration. This form is not so fatal as the "wet," yet many die from it.*

In both varieties there is suppression of urine; pain from cramps in the stomach and in the limbs is very severe; anything swallowed is immediately vomited; and before death takes place the skin all over the body becomes of a slightly blue colour, darkening after death.

The treatment at first consists in administering a powder called locally *sha-yao* (痧藥), to produce sneezing, and in rubbing the limbs to relieve pain caused by cramps; later on, puncturing the superficial

* This I take to be a form of insolation.

glands with a needle is resorted to. If blood does not flow from these punctures, the tips of the fingers and toes are punctured; and should blood not escape from these, the case is given up as hopeless. The redder the blood that escapes from the punctures the more hope there is for the patient. Sometimes the blood is thick and of a dark colour, which is considered very unfavourable. Cases die as a rule, or recover within 10 hours from the commencement of the attack. Should they linger longer the remedies are changed to those for dysentery, for blood now begins to make its appearance in the stools.

During the summer of 1883 I accidentally had opportunities of seeing two moribund cases of the "wet" variety of this disease, in both of which the face and upper and lower extremities were cyanosed, the eyes deeply sunken, heart action imperceptible, respirations slow and shallow, and the surface quite cold. To all appearance these were cases of true Asiatic cholera; but a difference was at once seen on examination of the stools, in that they were of a light yellow colour and contained some mucus. Now, if all the cases that occur are like these two, and I have no reason to think that they are not, the disease, instead of being called cholera, would be more aptly described as a severe form of gastro-intestinal catarrh, to which many more succumb than otherwise would if proper treatment were adopted. The cyanosis towards the termination of life may be accounted for by the enfeebled state of the heart and slow respiration, combined with the excessive and prolonged morbid intestinal transudation, draining much serum from the blood, thereby rendering it thick, more difficult of circulation, and consequently deficient in oxygen.

As I said before, the disease does not appear as an epidemic, and it certainly is neither infectious nor contagious. A Chinaman affected with it vomits anywhere; the covering of his bed becomes soaked with the discharge from his bowels when he is no longer able to go to stool; and when he has died, his bedding is imperfectly washed in the nearest canal or pond, hung up in the sun to dry, and a night or two afterwards someone else uses it, who does not contract the disease. Besides this, a considerable quantity of the dejections finds its way into the canals, which have next to no current through them during the summer, and from which many of the boat population are in the habit of quenching their thirst with water taken up between the hands. Yet we do not hear of the disease spreading among this section of the people. The disease originates in, and does not spread beyond, the person affected. It is chiefly confined to the debilitated among the working classes, coolies, etc.; is more prevalent during the months of July, August and September of oppressively hot summers than in those of medium temperature; and is caused, most probably, by the ingestion of large quantities of unripe fruit, particularly peaches and the different varieties of melons, aided by sleeping in a draught or other cause of chill, and aggravated by exposure to a hot sun.

Accidents among the Chinese are not of common occurrence, owing, in the first place, to their having nothing in the country likely to cause them; and in the second place, to the very phlegmatic way they carry on their business generally. The following recounts a case that occurred here some three years ago:—

A child playing with its mother—a woman about 25 years of age—whilst on her lap forcibly thrust a porcupine quill up her left nostril. Free epistaxis followed, lasting for three hours, when a clot formed and the bleeding lessened, but did not completely cease, some blood passing into the pharynx and about three drops in a minute flowing from the anterior naris. The woman remained in this condition for three days before she was brought to me for assistance. Having neither eaten nor slept for two days previous to

my seeing her, she presented the most ghastly appearance, was quite blanched, unable to stand up, and her breath was extremely fœtid. I could not ascertain what damage the porcupine quill had done, but since there was still some hæmorrhage it was necessary to plug the nostril. I had passed a BELLOC'S sound, and was unreeving the thread from the point of the instrument when the woman fainted, and her two companions, who were supporting her upon a chair, allowed her to fall to the floor. I withdrew the sound, and having for some minutes used the ordinary means to resuscitate her without success, I feared the woman had died. She was quite cold, with no perceptible action of the heart, and looked like a person dead some time. Artificial respiration was set up, and 40 drops of sulphuric ether injected subcutaneously. After a lapse of 15 minutes the heart began to beat feebly, but there was no respiratory effort. Artificial respiration was kept up for 20 minutes longer, when the woman at last showed signs of returning consciousness, and in 50 minutes from the time she fainted was sufficiently recovered to be able to swallow a draught containing sulphuric ether and aromatic spirits of ammonia. She continued steadily to improve, being given small quantities of brandy with milk at frequent intervals for an hour and a half, when she was carried to her home in a much stronger condition than when I first saw her. The epistaxis ceased when the woman fainted, and did not return, a firm clot having formed during the prolonged state of syncope; but I learned afterwards that this woman, owing to the want of suitable care and nourishment, made a very slow recovery, being in an emaciated state for more than three months after the accident.

Obstetrics.—The Chinese here say that the natural position of the head of the fœtus during gestation is behind and a little to the left of the mother's umbilicus; that when labour pains come on the uterine contractions gradually turn the fœtus until its head is brought down into the pelvis; and that breech presentations result from failure in this natural process of version.

To the Chinese mind the idea of a man delivering a woman is quite ridiculous, but the women of China are not different from those of other countries, being particularly amenable to any course of treatment that will relieve them of their offspring when nature has proved inadequate to the occasion. At present it is only as a last resort that the foreigner is sent for; nevertheless I have been asked to attend a considerable number of women in labour. When I am summoned to a case I must be ready to start at once with the man who calls me; he has possibly come from a distance, and urgently demands immediate aid. If I cannot go instantly he will not wait a moment, no matter how long the previous neglect has lasted; consequently, I have attended very few of the cases I have been requested to treat.

When the medical man enters the house of the better class Chinaman, he is received with the utmost civility. In the case of a woman in labour he is, after the usual polite formulæ, generally asked as to the way in which he intends to deliver her. The woman herself is anxious he should see her at once; and if there be any obstruction, which there seldom is, it is on the part of the friends. On the termination of the case the practitioner is ushered to the door in the most courteous manner, and the friends of the patient thank him in the warmest terms for his assistance.

Among the Chinese I have never attended a woman in child-bed who was under 70 or over 160 hours in labour before I was sent for. Of 19 women I have treated, 11 were cases of powerless labour delivered by the forceps. The mothers, aged from 22 to 35 years, 72 to 94 hours in labour, recovered; four of the infants being born dead. Six were cases of breech presentation, terminated by drawing down a leg and delivering in the usual way. The mothers

were from 24 to 42 years of age, and from 76 to 160 hours in labour; one of them died and five recovered, four of the infants being born dead.

The woman that died was 42 years of age, nearly 9 days in labour, and in a moribund state when I saw her. On passing my hand into the uterus a quantity of fœtid gas escaped; the child was putrid, and the patient died two hours after delivery.

The remaining two cases were hand presentations, of which in one the mother, 29 years of age, 70 hours in labour, delivered by version, recovered; but the infant was born dead. The other case is as follows:—

As I was walking through the city one afternoon I was stopped and asked to see a sick woman in a house close by. I complied with the request, and found a woman, 26 years of age, 76 hours in labour, with hand presentation. I tried to turn, but so tightly was the head wedged down into the pelvis, and so closely did the uterus grasp the body, that I was unsuccessful. From the position of the head and the dilated state of the passages, I thought that if I tied the hand of the fœtus to a gum-elastic catheter, and by this means returned and retained the arm above the head while I applied the forceps, there would be no difficulty in delivering. I determined upon this plan and went home to get forceps, etc. I was away about an hour, and on my return was surprised to find the infant lying dead upon the bed, minus one arm, which the midwives had twisted off, and the woman was delivered in a few minutes afterwards. Whether this is the usual mode of procedure in such cases I do not know. It is the only case of the kind I have known or heard of.

In none of the above cases was there any deformity of the pelvis; there was no case of flooding, and, with one exception, all the women made good recoveries. I have tried to ascertain why I have been sent for in these cases, and am told it was simply to save the lives of the infants, since the midwives, so it is said, are well acquainted with modes of delivery when the fœtus is known to be dead and the outlets of the pelvis are natural in size. But where there is obstruction, deformity, or the head of the fœtus is unusually large, in conjunction with powerless labour, I imagine both mother and child are lost, for I have heard there is no midwife in Wuhu competent to use cutting instruments to remove the fœtus. In some of the cases I considered chloroform necessary, but its inhalation was sternly rebelled against, and I had to deliver without its assistance. Anæsthetics, however, are seldom needful in labours of over 60 hours' duration, for by that time the midwives have so mauled the parts that they have ceased to be very sensitive.

I have inquired as far as possible, and am led to believe that the per-centage of malpositions, deformities or powerless labours is small; but when they do occur the infants are all lost, and the mortality among the mothers is very considerable. If timely and skilled assistance, however, is rendered, much may be hoped, for the Chinese are possessed of great powers of endurance and recuperation, and severe inflammation seldom follows even the most untoward parturition.

Dr. J. H. LOWRY'S REPORT ON THE HEALTH OF PAKHOI

For the Half-year ended 31st March 1886.

Up to the end of December 1885 the weather kept pleasant, but during January, February and March we experienced a great deal of cold, bleak weather, which was very trying to invalids. Rain fell in February and March, but in no quantity.

A bad case of diarrhœa occurred in December, but gave way to treatment, aided by the cooler temperature.

One death has to be reported from chronic pulmonary phthisis.

The patient had been ill since the spring of 1884; arrived here in August 1885 from the North, and it was hoped the southern climate might have stayed the disease. The fever was persistent throughout; the other symptoms were cough, night sweats, occasional diarrhœa, and, latterly, sleeplessness.

A member of the Customs staff suffered from conjunctival ecchymosis, first noticed after a hard ride; it rapidly gave way to treatment.

In a case of obstinate constipation, with torpidity of liver, I have found the fluid extract of cascara sagrada very useful, and the patient has derived much permanent benefit.

The preparation of opium known as nepenthe I have found a very excellent one in cases of sleeplessness; it never leaves the usual unpleasant effects of the ordinary preparations, and does not cause constipation.

A case of sprained wrist, caused by a fall from a pony, and one of chronic synovitis of the knee, fill up the list of cases treated during the half-year.

Preparations are being made to build a hospital here for the Church Missionary Society. It will be under the superintendence of Dr. E. G. Horder, and it is expected that the building will be ready in six months.

Up to the closing of this Report no cases of *Luen-tzŭ* (癘子), or bubonic plague, have been reported. The health of the native community during the winter months has been good.

I append an abstract from the Harbour Master's meteorological register taken here (latitude, 21° 29′ N.; longitude, 109° 6′ E.) during the half-year ended 31st March 1886.

Meteorological Table.

Month.	Thermometer.						Rain.	
	Highest by Day.	Lowest by Day.	Highest by Night.	Lowest by Night.	Average Day.	Average Night.	No. of Days.	Fall.
1885.	°F.	°F.	°F.	°F.	°F.	°F.		*Inches.*
October	85	73	79	64	79	70	10	5.70
November	81	53	71	50	71	60	2	3.00
December	76	53	69	49	72	60	...	...
1886.								
January	77	46	63	44	58	43	1	0.30
February	66	40	50	40	49	47	11	3.89
March	80	51	75	51	69	61	12	7.00

DR. G. R. UNDERWOOD'S REPORT ON THE HEALTH OF KIUKIANG

For the Year ended 31st March 1886.

THE health of foreign residents and visitors at this port during the past 12 months has been less satisfactory than in former years, there having been more cases of serious illness and more than the average number of deaths.

Phthisis.—One patient, aged 44, died in April from pulmonary tubercular phthisis. He had not suffered from anything affecting the lungs worse than an ordinary cold during a residence of over 17 years in this country, till the end of November 1884, when a severe wetting seems to have set up a low form of pneumonia of the apex and upper part of the right lung. At that time he was much fatigued by over-work and want of rest, and did not take the necessary care of himself. When first examined, late in January, there was considerable emaciation, troublesome cough, constant increased temperature, colliquative sweating, and anorexia. There was condensation of the apex and upper part of the right lung in front and behind, and the lung substance had begun to break down, the sputum under the microscope showing yellow connective tissue. He had suffered from hepatitis years before, and there was atrophy of the liver to a small extent. All the other organs were healthy. The disease ran a rapid course, the whole of the right lung becoming involved and the upper part completely disorganised. The treatment adopted was nourishing food, stimulants, maltine, and cod-liver oil when digestion and the absence of fever permitted. Counter-irritants and anti-pyretics, of which quinine invariably brought on dysuria, had no apparent effect in arresting the mischief, even for a short time. Only on one occasion, for two days, were there traces of blood in the sputum.

Pneumonia.—Another patient, aged 42, a missionary, was seriously ill in April from acute pneumonia of the base of the left lung. He had left Algeria for China five years before on account of lung trouble, and his attack was due to exposure to cold and wet. The temperature was high and the inflammatory process was prolonged; otherwise there was nothing unusual in the case. Under counter-irritants and blisters, with, of course, careful feeding, absorption went on satisfactorily though slowly, and there was complete recovery after six weeks.

Typhoid Fever.—In July a missionary, aged 27, was brought from Southern Kiangsi suffering from typhoid. He had already been ill three weeks, was emaciated and very weak, and had bed-sores on the back and over the left great trochanter. The evening temperature was from 103° to 103°.5 F., and morning from 101°.5 to 102°.5; the pulse, 90 to 100; the tongue coated; the abdomen full, with no tenderness on especial pressure; no eruption; and with diarrhœa, peasoup-like, three or four times a day, and easily controlled. Once there was clot in the stool. He did very well under careful nursing and diet, though the natural temperature was not reached till after the 42nd day of his illness.

At the same time with him another missionary came from the interior, unable to do his work on account of atonic dyspepsia.

Before he came to China in 1882 he was strong and healthy, and inured to a hot climate, but the Chinese fare on which he lived in the country proved too much for his years—33—and his previous regular habits as captain in a line regiment serving in Algeria. For months before coming under

treatment he found himself less and less able to eat, and the power of digestion seemed reduced almost to the lowest point. All food, solid or liquid, caused a feeling of distension, discomfort and pain, lasting from two to four hours after meals. He was pale, anæmic and emaciated; the wasting increased, in the beginning at all events, by voluntary abstinence. The bowels were constipated. Examination failed to reveal anything abnormal in the abdominal or other organs. The pulse was from 60 to 65, weak but steady. He was much depressed mentally at his inability to continue at work and at the difficulty he found with the language. Want of sleep was also the cause of much suffering. Milk in small quantities, taken frequently, was the food most easily assimilated. Bismuth with morphia, and afterwards with pepsine in full doses, helped much to relieve the abdominal pain. Salines were used when necessary to relieve the constipation. Rest was obtained at first by a draught containing morphia, and afterwards by bromide of potassium; and from the return of sleep, improvement, mental and physical, began. The return to health was very slow, and he was sent to a seaport in the hope that the change would quicken recovery. He has improved, I understand, but very slowly.

Among other cases of malarial fever there were in August three—one of quotidian and the others of tertian intermittent—in which quinine in full doses had little effect.

The quotidian, in a boy of 6, was subdued by change to the hills, with continued full doses of quinine; the second,—tertian, in a patient of 35,—also recovered under change to the hills, with quinine and salicylate of soda in 10-grain doses three or four times a day; in the third case, neither quinine, quinine and salicylate of soda, nor arsenic, with change to the hills, had any good effect, and a trip to sea was found necessary to get rid of the mischief.

The children, born here, of two families residing in this port are liable to frequent attacks of quotidian and occasionally tertian intermittent, while their parents rarely have an attack (and then usually tertian or quartan). This is the general rule with adults unless they have had fever before coming to the district.

Only one case of dysentery was seen during the autumn, and that as a complication of low malarial fever. Quinine and ipecacuanha, with copious warm-water enemata, combined with residence on the hills, had an excellent effect, and recovery was perfect. Simple diarrhœa occurred in one case, and the most careful dietetic and medicinal treatment only kept it from getting worse, but did not arrest the malady. A change to North China helped, but recovery was not complete till the cold weather of October.

Cholera, which is generally an important factor in increasing the death rate among the Chinese population, was less prevalent than usual, and only a few cases came under observation.

Cholera.—A foreigner, aged 47, of the Customs out-door staff, resident in the port for two years, had for a few days had diarrhœa, of which he thought little. He was sleeping in a cot on the verandah of his house on the night of 16th September, when a squall coming, he got a chill. At 2 A.M. (17th September) he was seized with vomiting, diarrhœa, rice-water stools, and severe cramps in the abdomen and limbs. Dr. GILLISON, who was in charge at the time, was away at the hills seeing a patient and had not returned. The patient was promptly and well attended to by his neighbour in the next room, who had had some experience with cholera patients. One quarter of a grain of morphia was given, and vomited at once; a second was retained for five minutes; but a third dose was retained. Mustard was applied to the soles of the feet and inside of the thighs, hot bottles were placed round the trunk, the arms and legs were constantly rubbed, and hot drinks were given frequently. The cramps and vomiting ceased towards 7 A.M., as did the diarrhœa; but the voice remained very feeble, and the patient felt exhausted and hopeless of recovery. The temperature increased, and the coldness of the extremities was much less till 2 P.M., when all the symptoms came back, and he died the same evening.

Cerebral Meningitis.—On the 3rd September, a child, aged 2 years and 3 months, spending the hot weather at one of the bungalows in the Lushan, was noticed to be dull and a little feverish. He had fallen from a chair the day before, but the tumble was apparently so slight that little was thought of it. He was restless and slept little during the night of 3rd September, and the temperature at 11 P.M. was 103°.2 F. The symptoms not pointing definitely to brain mischief, it was thought by Dr. GILLISON, who then saw him, that probably intestinal worms were the cause of the trouble, and a dose of santonine and calomel was given. He vomited once in the evening, and next morning, after a second dose of santonine, two large round worms were passed at stool. There was still no improvement in the feverish condition. He vomited twice during the day; the eyes were tightly closed to light; there was a good deal of twitching of the limbs, and there were signs of headache. Quinine with salicine in full doses had no effect in reducing the symptoms, and on the 5th day the signs of meningitis were only too evident. Delirium came on, with spasms of the facial muscles, and boring of the head into the pillow, and the twitching of the limbs rapidly developed into severe convulsions affecting especially the right side. The convulsions recurred often in an exceedingly severe form during the next five days. It was expected on several occasions that the child would die before the tonic spasm relaxed, and chloroform had to be used very freely, while cold was constantly applied to the head. The temperature now varied from 102° to 103°.5. Though unconscious, or only conscious to a very slight degree, the patient was yet able to swallow the nourishment and medicines given at regular intervals. On the morning of the 10th day of the illness the temperature rose to 105°.6, and it was decided, in the very critical condition of the patient, to use the wet pack, signs of coming bronchial mischief notwithstanding. After 10 minutes packing, the temperature fell to 102°.6. Three hours later it had again reached 105°, and the pack having been used a second time, there was a fall of two degrees. From this time bronchitis, with its accompanying dyspnœa, added in a marked degree to the difficulties of treatment. Up to the 24th day, the history—in addition to that of the lung trouble—was of unconsciousness, the eyelids half closed and the eyes turned upwards; spasms and convulsions, with occasionally opisthotonos, frequently recurring; twisting outwards and upwards of the palms; boring the head into the pillow, or moving it from side to side; occasional rigidity of the muscles acting on the mouth and chin, and often repeated grinding of the teeth. The temperature, taken many times daily, varied from 98°.5 to 101°, rarely rising above the latter point. The power of swallowing remained, though, of course, much impaired, and the signs of bronchitis were modified for the better by the treatment adopted. On the 24th day the temperature rose to 104°, and from that time till death supervened rose beyond that point $\frac{6}{10}$ of a degree on several occasions, but did not fall below 100°. The convulsions were now less frequent, and the arms and legs were semi-paralysed and rigid, the right more so than the left, and the head rigidly thrown back, with moaning and grinding of the teeth almost constantly. The patient became daily weaker, and died on the 29th September. In the treatment of the case calomel was pushed to its extreme limit, but without effect in arresting the inflammation. For the first three weeks the leaving off the application of cold water to the head was invariably followed by an increase of the temperature and nervous symptoms. Bromide of potassium had no marked effect in putting off the convulsions, and chloroform was used very frequently, and always with benefit for the time. The view taken of the illness by Dr. GILLISON, who attended the patient for the first 19 days, in my absence, was that the fall on the 2nd September set up inflammation of the left internal ear, which, rapidly spreading to the meninges, led to suppuration with all its results. I entirely share his opinion.

Vesical Calculus.—In August a missionary from that part of Kiangsi nearest the border of Kwangtung came to Kiukiang complaining of frequent micturition, occasional stoppage during the act, pain afterwards often very severe, and of at different times having passed calculi. The patient, a tall, corpulent man, somewhat pasty-faced, aged 54, but looking 60, had suffered from the complaint about eight years, and had been taking potash salts at intervals for six years, at times with considerable relief. Latterly, however, the frequency and pain in urinating had increased so much that his rest was disturbed from six to

eight times during the night, his appetite was failing, and he felt less strong than formerly. His urine contained a good deal of mucus; no traces of blood corpuscles; a small amount of albumen, and plentiful urates. Shortly after he came here, incontinence of the bladder came on in addition to his other troubles, and continued. On sounding, the cavity of the bladder was found contracted, and, by examination per rectum at the same time, the prostate was proved to be enlarged, and the presence of calculus was at once made out. Lithotrity was decided on, and at the first sitting a stone was seized and crushed, a considerable quantity of detritus being removed with the instrument at the time, and in the urine afterwards; but a larger calculus than the one crushed was felt, and could not be laid hold of from the contracted state of the bladder. The patient suffered very little at the time of operation or after, and eight days having elapsed, to allow all irritation to subside, a second sitting was had, the bladder being first filled with a weak solution of carbolic acid in warm water. On this occasion a fragment was grasped and pulverised, but the large calculus eluded the most careful attempts at seizure I could make, and the patient had to have another eight days' rest. The third time, the bladder having been distended as before, I again was foiled in attempts to lay hold of the stone. The patient suffered little during or after each sitting; there was almost no bleeding, very great care having been taken in introducing and withdrawing the instrument, and the ordinary pain was little increased. Having failed with the lithotrite, I determined, as the only thing left, to cut. Six days after the last sitting, symptoms of uræmia came on, and the patient, weakened by disturbed rest and inability to take sufficient nourishment, sank rapidly and died. Had lithotomy been done at first, the result might have been different; but the expectation that lithotrity would give the patient a better chance seemed to be well founded.

There was as usual little sickness in October, November and December.

Pneumonia.—A member of the Customs out-door staff had in the last-named month, while engaged in superintending the building of a sewer, an attack of acute pneumonia, affecting the base of the left lung. The disease ran the usual course, the 9th day being that of crisis; and he made a good recovery.

Subacute pneumonia of the right lung was encountered in a lay missionary, aged 21, resident here in February. He had for some little time before been practising voluntary fasting—unknown to his superiors, who have had too much experience of the influence of this climate on Europeans to permit that sort of thing,—and he was in poor condition. For a week before asking for help he had been feeling ill, without appetite, and sleeping badly. A marked rise of temperature on the 18th and 22nd days was caused by the imprudence of the patient. His appetite was returning, and, contrary to orders, he ate some chicken and other solid food, not to his benefit. From the beginning the case was characterised by weakness, as indicated by sordes on the gums and lips, and dry, brown tongue, with weak pulse, for the first 15 days. Free stimulation was attended with good results.

In March a child of 9 months died from capillary bronchitis after three days' illness.

There were four births during the year,—three males and one female.

Among the Chinese population the death rate has, I believe, been lower than usual. Cholera was little prevalent in summer, and one heard of but few cases of continued fever, generally so fatal to the badly nourished. Measles in a mild form was epidemic. In the convent 20 children under 3 years of age were down at one time, and all recovered. Among native midwifery cases seen the following are fortunately not common:—

HENG YU, aged 37, who had had two children without anything unusual, and who last year required my help on account of "left hand presenting, the face looking forward," to deliver whom evisceration was necessary, this year again called for help. This time the right hand was protruding from the vagina, and the child's face looked forward. Labour had been going on for 10 hours, and version was easy. There is no pelvic malformation that I can find to account for the abnormal presentations.

In a second case to which I was called the patient died as I entered the house. The placenta was adherent, and to favour its removal the poor woman was kept sitting on a pail till she died from loss of blood. It is the current belief that unless the patient sit up, the discharges will not escape, and only by severe warnings as to ultimate results will the person be allowed to lie down, even after serious operative interference.

In a third case, a small piece of adherent placenta brought on hæmorrhage 12 hours after labour. All that I could feel with the finger was picked off, and the hæmorrhage ceased, to begin again two days after. A very small piece was then found and removed, and the patient did well afterwards.

Over 7,000 came to the hospital for treatment. Here, no charge being made, it is very difficult to prevent the wards from being over-crowded, many, and especially eye cases, coming long distances in the hope of being cured.

I am indebted to Mr. Harbour Master GÜNTHER for the following data :—

METEOROLOGICAL TABLE.

MONTH.	TEMPERATURE.		RAIN.	
	Maximum.	Minimum.	Number of Days.	Fall.
1885.	°	°		*Inches.*
April	88	39.50	14	9.50
May	91.05	56.50	14	11.02
June	95	63	17	14.39
July	99	68.50	6	5.04
August	100	74	12	5.78
September	92	57.50	7	2.24
October	86.50	51.50	5	0.71
November	77	33.50	4	1.57
December	68.50	31.50	11	2.85
1886.				
January	61	24	4	2.18
February	53	18.05	5	4.10
March	72.50	38	6	6.26

APPENDIX.

PLATES ILLUSTRATIVE OF SOME DISEASES AND DEFORMITIES ENCOUNTERED AMONG CHINESE RECEIVED INTO FOREIGN HOSPITALS IN SHANGHAI.

(These Woodcuts are traced from Photographs.)

PLATE I.—*Hypertrophy of Right Arm, Forearm, Thumb and Little Finger in a girl of 13.*

The skin and muscles were of ligneous hardness, not nodulated. As well as could be judged, the bones shared in the hypertrophy. Only a cursory examination was permitted. The only recorded case that I can find similar to this is figured in AHLFELD'S *Missbildungen des Menschen*, Atlas, Tafel xxiii, fig. 5; and described by HÖRING, *Würtemburgisches Correspondenzblatt*, März 1844. Here the right arm, forearm, thumb, index and little finger were hypertrophied. Is. G. SAINT-HILAIRE *(Hist. gén. et part. des Anomalies de l'organisation)* alludes to these anomalies, but does not describe any particular case. [Gutzlaff Hospital. Dr. JAMIESON.]

PLATE II (Figs. 1 to 3).—*Front, side and back view of Adenoid Tumour of Neck and Side of Head in a woman of 44.*

Growing 22 years. Weighed 6¾ lb. when drained. Contained several lacunar hæmorrhagic cysts. All the skin saved except about 2 square inches. Parotid gland had disappeared or become merged in the tumour. Great vessels lay dissected out at bottom of operation wound, much flattened.

PLATE II (Fig. 4).—*The same Patient five weeks after operation, when discharged.*

The tension of the skin being removed, she suddenly acquired the wrinkles proper to her age, and thus although on the whole the cosmetic effect of the operation was good, she looked far older without her tumour than she did with it. [St. Luke's Hospital. Dr. JAMIESON.]

PLATE III (Figs. 1 and 2).—*Man of 28 before and after removal of Fibro-lipoma of Abdominal Wall.*

Tumour growing from birth. Consisted of two sections partially fused at bases. The superior and smaller portion was a mass of fat in which scarcely any trace of fibres could be discovered. The lower and larger portion was imperfectly partitioned into lobules by delicate sheets of areolar tissue of which the constituent fibres were already invaded by molecules of fat. [St. Luke's Hospital. Dr. JAMIESON.]

PLATE IV.—*Cystic Adeno-Sarcoma of Breast.*

Growing three years. Weighed when drained 18¾ lb. Ulcerated at surface of adherence to skin. 22 vessels ligatured. No recurrence eight months after operation. [St. Luke's Hospital. Dr. BOONE.]

PLATE V.—*Carcinoma of Breast.*

Deeply ulcerated over entire surface; weighing 13 lb. Masses of infected glands surrounding axillary vessels, which lay dissected out cleanly for 3 inches at bottom of wound. Rapid recovery. Discharged well, with certainty of speedy recurrence. [St. Luke's Hospital. Dr. JAMIESON.]

PLATE VI.—*Irretainable Scrotal Hernia (Congenital).*

Radical cure by ANNANDALE'S method (*Edinburgh Medical Journal*, December 1880, p. 488). Discharged without perceptible impulse on coughing. [St. Luke's Hospital. Dr. JAMIESON.]

PLATE I.

PLATE II (Fig. 1).

PLATE II (Fig. 2).

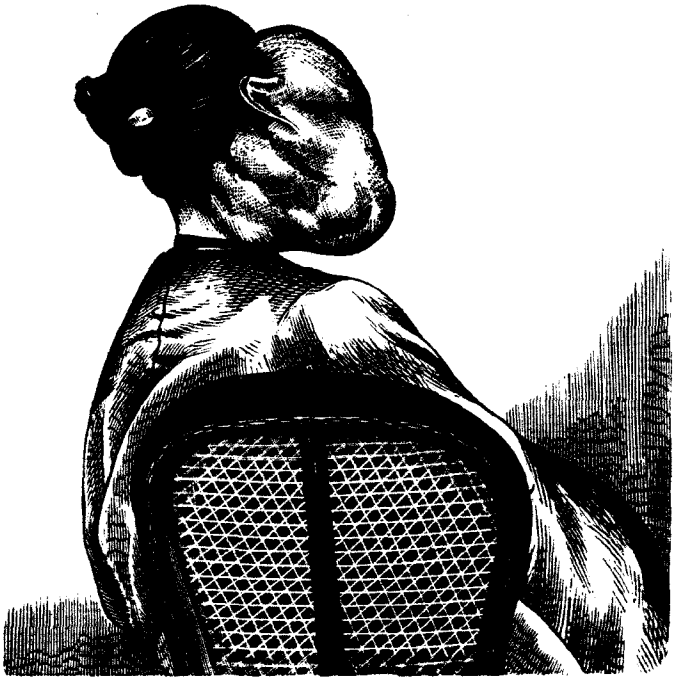


PLATE II (Fig. 3).

PLATE II (Fig. 4).

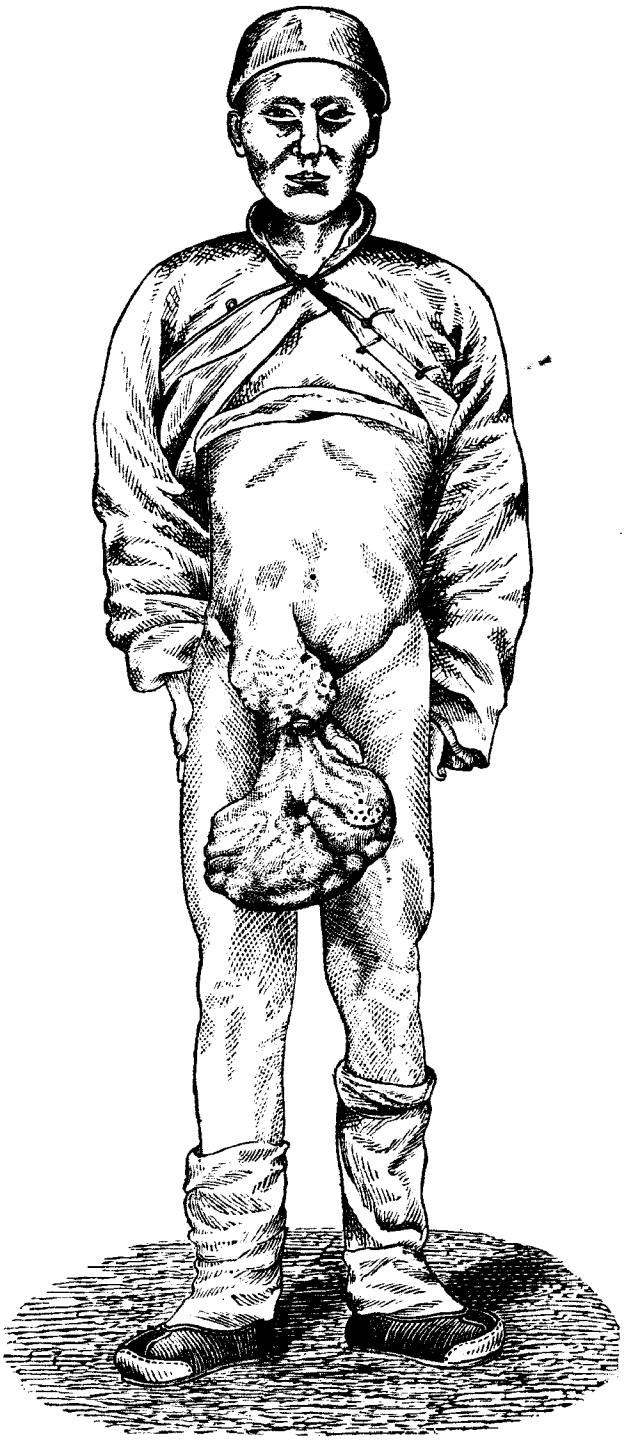


PLATE III (Fig. 1).

PLATE III (Fig. 2).

PLATE IV.

PLATE V.

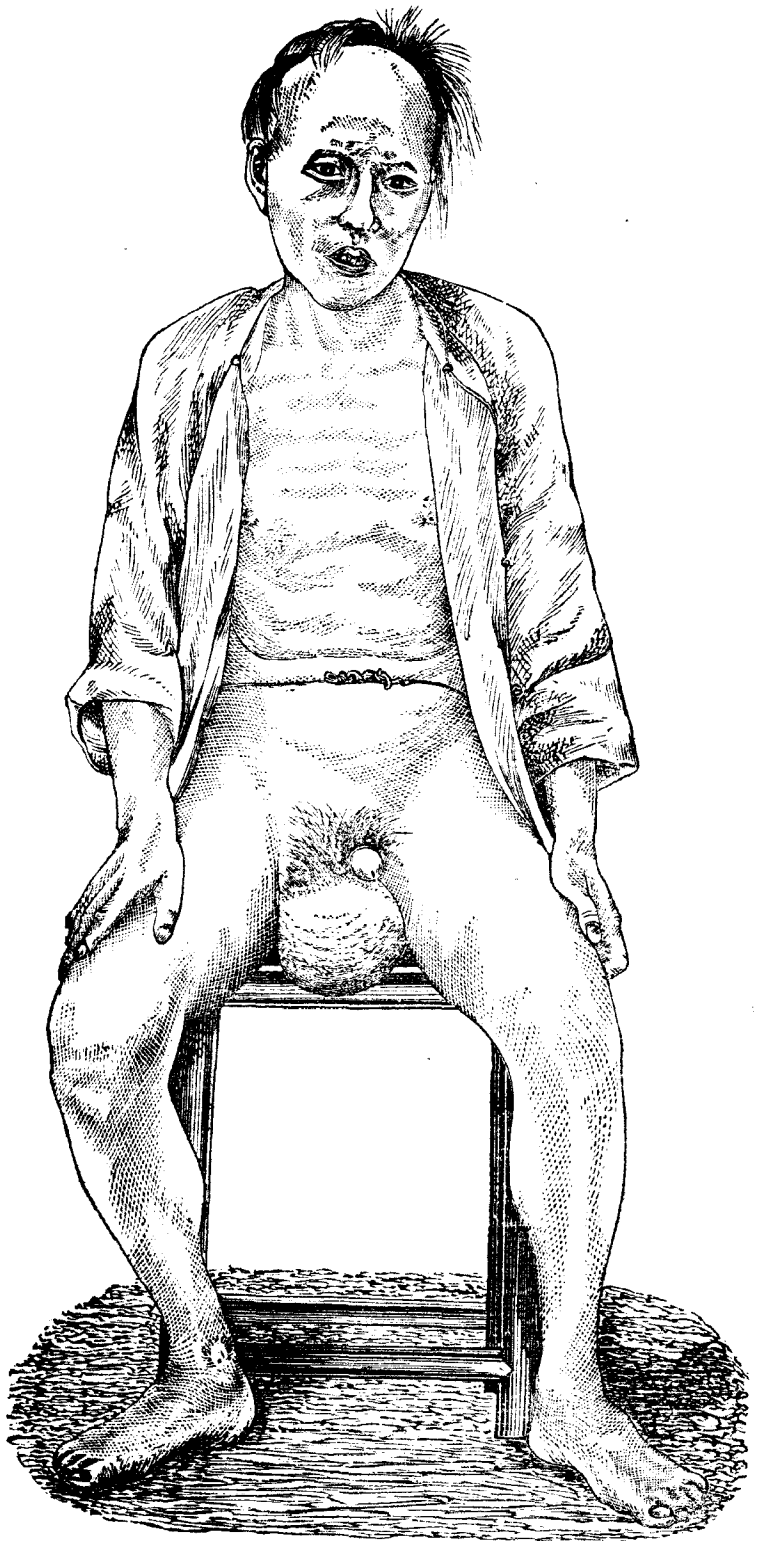


PLATE VI.

II.—SPECIAL SERIES.

No. 1.—Native Opium	Published	1864.
„ **2.**—Medical Reports : 31st Issue (First Issue, 1871)	„	1886.
„ **3.**—Silk	„	1881.
„ **4.**—Opium	„	1881.
„ **5.**—Notices to Mariners : Fourth Issue (First Issue, 1883)...	„	1886.
„ **6.**—Chinese Music	„	1884.